

Case Number:	CM14-0027127		
Date Assigned:	06/13/2014	Date of Injury:	09/25/2013
Decision Date:	08/12/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year-old female who reported an injury on Septemebr 25, 2013. The mechanism of injury was the injured worker was performing her regular and customary work when she felt a sharp pain in the right wrist. The documentation of January 27, 2014 revealed the injured worker had complaints of burning bilateral shoulder pain radiating down the arms to the fingers with associated muscle spasms were greater on the left. The physical examination of the bilateral shoulders revealed there was tenderness to palpation at the trapezius, levator scapula, rhomboids, biceps tendon, and AC joint bilaterally greater on the right. No arthrosis was noted. The injured worker had decreased range of motion in flexion, extension, abduction, adduction, internal rotation, and external rotation. The injured worker had a positive Neer's impingement sign, Kennedy-Hawkins, and Speed's tests bilaterally. The diagnoses included post-traumatic osteoarthritis of the bilateral shoulders, impingement syndrome of unspecified shoulder, and bursitis of the left shoulder. The treatment plan included medications. There was no DWC Form RFA submitted with the request for shockwave therapy 3 sessions for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Three sessions of shockwave therapy for bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, SHOULDER COMPLAINTS, INITIAL CARE, 555-556.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-05.

Decision rationale: The ACOEM Guidelines indicate that some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder. The clinical documentation submitted for review failed to indicate the injured worker had calcifying tendinitis. There was no DWC Form RFA or PR2 submitted with the requested procedure. Given the above, the request for three sessions of shockwave therapy for the bilateral shoulders is not medically necessary or appropriate.