

Case Number:	CM14-0036819		
Date Assigned:	06/25/2014	Date of Injury:	03/21/2013
Decision Date:	07/25/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/26/2014

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, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 35-year-old who reported an injury to her right shoulder on March 21, 2013. The physical performance evaluation dated February 26, 2013 indicates the injured worker complaining of 2-5/10 pain. The clinical note dated February 19, 2014 indicates the injured worker demonstrating range of motion deficits at the right shoulder. The injured worker was also showing tenderness throughout the right shoulder and hand. The note indicates the injured worker utilizing Tramadol as well as Naprosyn for pain relief. X-rays of the right shoulder dated October 2, 2013 revealed no fracture or dislocations. No bone, joint, or soft tissue abnormalities were identified. No soft tissue calcifications or mass lesions were visualized. The utilization review dated February 28, 2014 resulted in a denial for the requested extracorporeal shockwave therapy at the right shoulder as no information had been submitted confirming the injured worker's specific findings of calcifying tendonitis at the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy of right shoulder, once weekly for three weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Extracorporeal shockwave therapy (ESWT).

Decision rationale: The documentation indicates the injured worker complaining of ongoing right shoulder and bilateral hand pain. The use of extracorporeal shockwave therapy at the shoulder is indicated for findings consistent with calcifying tendonitis. The most recent x-rays from October of 2013 revealed no calcifying tendonitis. No other osseous issues were identified. The request for Extracorporeal Shockwave Therapy of right shoulder, once weekly for three weeks, is not medically necessary or appropriate.