

<b>Case Number:</b>	CM14-0037354		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/02/2000
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 11/2/00. He was seen by his primary treating physician on 3/7/14. He complained of persistent pain in his bilateral shoulders and low back and was not currently taking any medications. His physical exam showed point tenderness to palpation of bilateral upper scapulas. He was also tender in the thoraco lumbar spine at L2-4 with painful and limited extension. His diagnoses were cervicothoracic spine sprain/strain and lumbar spine herniated nucleus pulposus, bilateral wrists carpal tunnel syndrome, bilateral upper extremity overuse syndrome with lateral and medial epicondylitis, secondary stress, anxiety and insomnia. At issue in this review is the referral for a course of extracorporeal shockwave therapy for his shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**extracorporeal shockwave therapy to both shoulders once weekly for 3 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**Decision rationale:** Physical modalities for treatment of acute shoulder symptoms may be used. There is medium quality evidence to support extracorporeal shockwave therapy for calcifying tendonitis of the shoulder. This injured worker has chronic left shoulder pain but no radiographic or physical exam evidence of calcific tendonitis. The medical records do not substantiate medical necessity for 3 weeks of extracorporeal shockwave therapy to both shoulders.