

<b>Case Number:</b>	CM14-0038830		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Anesthesiology, 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 52 year old female whose date of injury is 12/10/2010. The mechanism of injury is described as repetitive work duties. The submitted records indicate that the injured worker is non-compliant with medication and home exercise program and puts forth little effort during physical therapy sessions. MRI of the left shoulder dated 02/06/14 revealed tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear identified; lateral downsloping acromion results in lateral arch narrowing; mild osteoarthritic changes of the glenohumeral joint. MRI of the right shoulder dated 02/26/14 revealed full thickness tear of the supraspinatus tendon, arthropathy of the AC joint, and glenohumeral joint effusion. Diagnoses are lumbar spine sprain/strain, bilateral shoulder musculoligamentous injury, and bilateral wrist musculoligamentous injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave Treatments 1 x week x 3 weeks, Bilateral Shoulders.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Ed. (web) 2013, Shoulder, Extracorporeal Shockwave Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Extracorporeal shock wave therapy (ESWT)

**Decision rationale:** Based on the clinical information provided, the request for shockwave treatments 1 x week x 3 weeks, bilateral shoulders is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review; however, the submitted records do note that the injured worker is non-compliant with medication and home exercise program and puts forth little effort during physical therapy sessions. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The Official Disability Guidelines note that shockwave treatment is recommended for calcifying tendinitis, but not for other shoulder conditions. The submitted records fail to establish a diagnosis of calcifying tendinitis.