

Case Number:	CM14-0039481		
Date Assigned:	06/27/2014	Date of Injury:	06/21/2011
Decision Date:	08/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/03/2014

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 Medicine 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 60 year old female who reported an injury to her right shoulder. The mechanism of injury is undisclosed. The clinical note dated 04/03/13 indicates the injured worker complaining of 2 to 3/10 right shoulder pains. There is an indication that the injured worker has a significant past medical history to include a right shoulder arthroscopy with a debridement and decompression of rotator cuff repair 08/29/12. The clinical note dated 05/01/13 indicates the injured worker rating right shoulder pain as 4/10 pain. It was documented range of motion deficits identified throughout the right shoulder include 150 degrees of flexion, 40 degrees of extension, and 170 degrees of abduction. The utilization review dated 07/25/14 indicates the injured worker being approved for extracorporeal shockwave therapy at the right shoulder, revealing findings consistent with calcifying tendinitis at the biceps tendon. This was confirmed by rapidograph studies of the right shoulder on 07/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right shoulder extracorporeal shockwave treatment.: Upheld

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

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: The request for right shoulder extracorporeal shockwave treatment is not medically recommended. The documentation indicates the injured worker complaining of right shoulder pain with associated range of motion deficits. Extracorporeal shockwave therapy is indicated for injured workers who have been diagnosed with calcifying tendinitis with confirmation by imaging studies. There is an indication the injured worker has undergone a utilization review which resulted in the approval extracorporeal shockwave therapy of the right shoulder. However, no information was submitted regarding the injured worker's response to the treatment. Without this information, it is unclear if the injured worker would continue to benefit from the proposed treatment. Therefore, this request is not indicated as medically necessary.