

<b>Case Number:</b>	CM14-0040944		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Interventional Spine and is licensed to practice in California. 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 patient is a 27 year old with an injury date on 8/28/13. No physical exam was included in provided reports. [REDACTED] is requesting extracorporeal shockwave treatments for the right shoulder bicep tendonitis. The UR determination being challenged is dated 3/10/14 and rejects request as patient is not diagnosed with calcifying tendinitis. [REDACTED] is the requesting provider, and he provided treatment report from 5/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shock wave treatments for the right shoulder bicep tendonitis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, ESWT.

**Decision rationale:** This patient's subjective pain was not included in provided documentation. The treater has asked extracorporeal shockwave treatments for the right shoulder bicep tendonitis on 2/26/14. Regarding shockwave therapy for the shoulder, ACOEM recommends for calcifying tendinitis but not for other shoulder disorders, if following criteria are met: 1) Patients whose

pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. In this case, provided documentation does not include any progress reports prior to UR date. From limited documentation on hand, it appears patient does not present with calcifying tendinitis. Requested extracorporeal shockwave therapy is not medically necessary for the patient's condition. The request is not medically necessary.