

Case Number:	CM14-0042295		
Date Assigned:	06/30/2014	Date of Injury:	06/09/2010
Decision Date:	07/30/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/09/2014

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 54 year old female with an injury date on 06/09/2010. Based on the 02/27/2014 progress report provided by [REDACTED], the diagnoses are status post right shoulder arthroscopy, thoracolumbar musculoligamentous sprain/strain, thoracolumbar musculoligamentous sprain/strain, history of right rib fracture, post-traumatic head syndrome with headaches, dizziness and insomnia and complaints of gastrointestinal upset due to chronic medication use. An exam on 02/27/2014 reveals right shoulder arthroscopic portal scars, tenderness to palpation over the subacromial region, acromioclavicular joint, supraspinatus tendon and posterior scapular muscles. Impingement test and Cross Arm test are positive. Codman's-Drop Arm test is slight positive. Subacromial crepitus is present with passive motion. X-ray on 02/27/2014, showed distal clavicle excision, spurring at the distal portion of the clavicle questionable calcification noted at the superior aspect of the humeral head. MRI on 08/19/2011 showed multilevel disc bulges at C3 through C7 levels with pressure on the anterior aspect of the thecal sac at C3-C4, C5-C6 and C6-C7 and right neural foraminal stenosis. [REDACTED] is requesting 5 sessions of high and/or low energy extracorporeal shockwave treatments. The utilization review determination being challenged is dated 03/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/16/2013 to 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

High and/or Low energy Extracorporeal Shockwave Treatment times 5: 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) ODG-TWC Shoulder Procedure Summary last updated 12/27/2013 Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT).

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, Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: According to the 02/27/2014 report by [REDACTED], this patient presents with right shoulder pain that are increase and loss of motion. The provider is requesting 5 sessions of high and/or low energy extracorporeal shockwave treatments on 02/27/2014. A review of the report shows the patient is status post right shoulder arthroscopy, since 2011. The patient states, "having difficulty performing normal activities of daily living including household chores and some aspects of self-care" and has not received any additional medical treatment-since her last visit to the office, which was in March 2013. Per UR denial letter states, "there is currently very limited documented symptoms and deficits regarding the right shoulder to support the request. Medical necessity is not supported by the records submitted for review." California MTUS does not discuss ESWT for the shoulder, however ODG guidelines does discuss ESWT, "Extracorporeal shock wave therapy (ESWT) has been suggested to be an effective treatment option for treating calcific tendinitis of the shoulder before surgery, but after conservative treatments, including physical therapy, iontophoresis, deep friction, local or systemic application of noninflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection." ODG furthermore states, contraindicated for patients who had previous surgery for the condition." ODG Guidelines do not recommend ESWT for individual with previous surgery and this patient has had surgery. Furthermore, there is no documentation of "calcific tendinitis", therefore the request is not medically necessary.