

Case Number:	CM14-0045375		
Date Assigned:	06/27/2014	Date of Injury:	04/18/2013
Decision Date:	08/15/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 46 year-old female was reportedly injured on 4/18/2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 6/6/2014, indicates that there are ongoing complaints of neck and right shoulder pain. The physical examination demonstrated right shoulder: positive tenderness to the bicep tendon, and acromioclavicular joint. She has limited range of motion particularly with abduction. Muscle strength 4+5, 30% decrease in strength in all planes of motion. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy and medications. A request was made for right shoulder shockwave lithotripsy, and was not certified in the pre-authorization process on 3/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock-wave Lithotripsy on the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic). Updated 7/29/2014. Extracorporeal shockwave therapy.

Decision rationale: Extracorporeal shockwave therapy is recommended for testifying tendinitis but not for other shoulder disorders. There is no evidence of benefit in non-calcific tendonitis of the rotator cuff or other shoulder disorders, including frozen shoulder or breaking up adhesions. After reviewing the medical records provided the injured worker has a diagnosis of adhesive capsulitis. In accordance with guidelines listed above this treatment is not indicated for adhesive capsulitis. Therefore, this request is deemed not medically necessary.