

Case Number:	CM14-0047207		
Date Assigned:	07/02/2014	Date of Injury:	02/24/2012
Decision Date:	08/19/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/15/2014

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 Occupational Medicine 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 claimant was injured on 04/07/14 and extracorporeal shock wave therapy has been recommended for the shoulders. It is under review. Her diagnoses include injury to the neck and shoulder region with tenosynovitis of the hands and wrists status post bilateral carpal tunnel releases. On 03/14/14, she saw [REDACTED] and complained of ongoing pain in the bilateral shoulders, left greater than right, rated 10/10 and she had neck pain rated 8/10 and hand pain rated 4/10. She was taking Motrin, hydrocodone, and acetaminophen which helped. She had tenderness at the sternoclavicular joint, anterior capsule and acromioclavicular joint. Ranges of motion were reduced with crepitus. She had positive Hawkins and impingement tests. She had mildly decreased strength. Sensation and reflexes were normal. She had completed acupuncture, PT and multiple injections to the shoulders all with temporary relief. Extracorporeal shockwave therapy was requested as a possible way to avoid more surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the bilateral shoulderse: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal Shockwave Therapy.

Decision rationale: The history and documentation do not objectively support the request for extracorporeal shockwave therapy. The ODG state it is "recommended for calcifying tendinitis but not for other shoulder disorders. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 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, the claimant has chronic shoulder pain but there is no evidence that she has bilateral adhesive capsulitis that has not responded to an aggressive course of treatment including ice, NSAIDs, PT, and injections. The results of the injection(s) that she has had are not stated. It is not clear whether she has been involved in an ongoing home exercise program and has been advised to continue it. The medical necessity of this request for extracorporeal shockwave therapy for the bilateral shoulders has not been clearly demonstrated.