

Case Number:	CM14-0047720		
Date Assigned:	06/25/2014	Date of Injury:	05/15/2012
Decision Date:	07/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/28/2014

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 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 patient is a 34-year-old male who was injured on 05/15/2012. He sustained an injury when he went to sit down in a chair but missed the chair and fell to the ground. He felt immediate sting into the upper extremities. There are no diagnostic studies for review. On progress note dated 01/13/2014, the patient was noted to be waiting for an authorization to receive an EMG study. On exam, he was noted to have tenderness of bilateral hands. He was tender at the AC joint of bilateral shoulders with decreased range of motion. He was diagnosed with bilateral carpal tunnel syndrome and shoulder impingement. It was recommended he receive ECSI to bilateral shoulders. Doctor's first report dated 09/09/2013 states the patient had complaints of bilateral shoulder pain, right greater than left with associated numbness and tingling. He also has pain in bilateral wrists and hands with radiating pain into the forearms. Objective findings on exam revealed AC joints with lumps. There is tenderness noted over the anterior shoulder capsule bilaterally. There is crepitus, pain, and limited range of motion. Pain on internal external rotation of the shoulders. He has bilaterally positive Tinel's, full wrist mobility and a mildly positive deQuervain's and some sensory differential between the medial and ulnar side of the hand. Diagnoses are bilateral wrist tenosynovitis and carpal tunnel syndrome, bilateral shoulder acromioclavicular arthros and tendinitis. The treatment that was rendered included bilateral wrist braces and 8 sessions of physical therapy. Prior utilization review dated Shockwave Therapy 3 visits for the Bilateral Shoulders is not authorized as there is no evidence of calcifying tendinitis in the shoulders to warrant this request; therefore, medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 3 visits for the Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extracorporeal Shockwave Therapy.

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

Decision rationale: This is a request for shockwave therapy x3 for the bilateral shoulders for a 34-year-old male injured on 5/15/12 diagnosed with bilateral shoulder impingement and bilateral carpal tunnel syndrome. According to MTUS guidelines, shock wave therapy may be indicated for calcific tendinitis of the shoulder. According to ODG guidelines, shock wave therapy is recommended in patients whose pain from calcifying tendinitis remains after 6 months of conservative treatment. However, the patient does not have documentation of calcific tendinitis in either shoulder. Medical necessity is not established.