

Case Number:	CM14-0054473		
Date Assigned:	07/23/2014	Date of Injury:	05/07/2013
Decision Date:	09/30/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/23/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 62-year-old male with a 5/7/13 date of injury, when he was carrying a 60 pounds heavy TV and fell to the ground injuring his right shoulder, right elbow and right wrist. The patient was seen on 5/21/14 with complaints of constant moderate, occasionally severe right shoulder pain radiating down to the right elbow and pain and weakness in the right hand. The patient also complained of constant right arm pain and right wrist pain associated with numbness and tingling. Exam findings of the right shoulder revealed tenderness to palpation with spasms of the right trapezius muscle, the right rhomboid and the right biceps region and tenderness to palpation of the right AC joint. The range of motion in the right shoulder was limited due to pain and impingement test, apprehension test and empty can's test were positive. The diagnosis is biceps rupture/tear, right upper extremity neuropathy, shoulder sprain/strain and myospasms. NCS/EMG of the right upper extremity dated 4/25/14 showed normal exam findings. MRI of the right shoulder dated 9/26/13 revealed partial-thickness tear of the humeral surface fibers of the distal supraspinatus tendon and there were no other significant findings noted. Treatment to date: physical therapy, acupuncture, medications and work restrictions. An adverse determination was received on 4/23/14 given that there was a lack of rationale or significant clinical findings indicating the necessity for the request for extracorporeal shock wave therapy for the right shoulder.

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 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 117, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Chapter.

Decision rationale: CA MTUS states that physical modalities, such as ultrasound treatment, are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral; with high energy extracorporeal shock wave therapy recommended for calcifying tendinitis of the shoulder. In addition, ODG recommends the use of Extracorporeal Shock Wave Therapy for patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment and at least three conservative treatments have been performed prior to use of ESWT. There is a lack of documentation indicating that the patient suffered from calcifying tendinitis of the right shoulder and it is not clear if the patient failed 3 conservative treatments for his right shoulder pain. The MRI of the right shoulder dated 9/26/13 revealed partial-thickness tear of the humeral surface fibers of the distal supraspinatus tendon and the NCS/EMG of the right upper extremity dated 4/25/14 showed normal exam findings. In addition, there is no rationale with regards to the expected goals with the ESWT treatment. Therefore, the request for 1 Extracorporeal Shockwave Therapy for the rt. Shoulder was not medically necessary.