

Case Number:	CM14-0067661		
Date Assigned:	07/11/2014	Date of Injury:	08/07/2012
Decision Date:	09/11/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/12/2014

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 Internal 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 an injured worker with right shoulder sprain strain. Date of injury was 08-07-2012. Primary treating physician's progress report dated 04-04-2014 documented subjective complaints of right shoulder pain. Patient complains of tenderness within the right shoulder with pain elicited upon certain activities with the right arm. The right shoulder pain is primarily in nature but increases with certain movements of the right arm and certain activities requiring lifting or overhead reaching. There is tenderness within the right shoulder with restricted painful range of motion. Overall the right shoulder has improved by at least 75% better. Initial right shoulder pain was at a 8/10, now the pain is at 4-5/10 level of pain. Left shoulder has much improved range of motion. No more signs of impingement. Well accomplished range of motion in all directions. No numbness and tingling in the arms hands better. Objective findings included right shoulder mild pain with abduction 170 degrees and flexion 170 degrees. Left shoulder had mild tenderness and well accomplished ranges of motion all directions. MRI of right shoulder 3/26/14 reported increased signal and the distal supraspinatus tendon representing tendinopathy, and some irregularity of the undersurface of the supraspinatus tendon at its attachment. Diagnosis was sprain strain of right shoulder. Treatment plan included physical therapy, orthopedic consultation for the right shoulder and shock wave therapy to the right shoulder. Utilization review decision date was 04-10-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock Wave Therapy Right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation (ODG) ,Shoulder (Acute & Chronic)Extracorporeal shock wave therapy (ESWT).

Decision rationale: The medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints (Page 203) indicates physical modalities are not supported by high-quality medical studies. Some medium quality evidence supports extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) states that extracorporeal shock wave therapy (ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. The primary treating physician's progress report dated 04-04-2014 documented right shoulder abduction 170 degrees and flexion 170 degrees. MRI of right shoulder 3/26/14 reported increased signal and the distal supraspinatus tendon representing tendinopathy, and some irregularity of the undersurface of the supraspinatus tendon at its attachment. There is no evidence of calcifying tendinitis. ODG indicates the extracorporeal shock wave therapy (ESWT) is only recommended for calcifying tendinitis - not for other shoulder disorders. There was no evidence of calcifying tendinitis, ESWT is not recommended. Therefore, the request for Shock Wave Therapy Right shoulder is not medically necessary.