

Case Number:	CM14-0077225		
Date Assigned:	07/18/2014	Date of Injury:	05/02/2012
Decision Date:	09/15/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 Emergency 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 injured worker is a 58 year-old male, who sustained an injury on May 2, 2012. The mechanism of injury is not noted. Diagnostics have included September 18, 2013 right shoulder MRI reported as showing downsloping acromion flap, AC joint osteoarthritis, supraspinatus and infraspinatus tendinosis, labral tear, synovium effusion, subacromial bursal fluid, humeral head fibrovascular change. Treatments have included medications, physical therapy, and acupuncture. The current diagnoses are: lumbar strain/sprain, lumbar disc disease, right shoulder impingement/osteoarthritis/labral tear, gastritis. The stated purpose of the request for Extracorporeal Shock Wave Therapy (3) treatments right shoulder was not noted. The request for Extracorporeal Shock Wave Therapy (3) treatments right shoulder was denied on May 13, 2014, citing a lack of documentation of calcific tendonitis. Per the report dated March 26, 2014, the treating physician noted complaints of pain to the right shoulder and low back, with occasional radiation to the right groin and numbness and tingling to the right thigh, which have improved temporarily with physical therapy and acupuncture. Exam findings included lumbar tenderness with spasm and reduced range of motion; right shoulder tenderness with reduced range of motion and positive impingement sign, apprehension sign and empty can test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy (3) treatments 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 rationale: The requested Extracorporeal Shock Wave Therapy (3) treatments right shoulder is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Initial Care, Page 203, note "Some medium quality evidence supports manual physical therapy, ultrasound and high-energy extracorporeal shock wave therapy for calcifying tendonitis of the shoulder. 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). Maximum of 3 therapy sessions over 3 weeks." The injured worker has pain to the right shoulder and low back, with occasional radiation to the right groin and numbness and tingling to the right thigh, which has improved temporarily with physical therapy and acupuncture. The treating physician has documented right shoulder tenderness with reduced range of motion and positive impingement sign, apprehension sign and empty can test. The treating physician has not documented diagnostic or exam evidence of calcific tendonitis nor noted this as a diagnostic impression, nor results of cortisone injections. The criteria noted above not having been met, Extracorporeal Shock Wave Therapy (3) treatments right shoulder, is not medically necessary.