

Case Number:	CM14-0081785		
Date Assigned:	09/08/2014	Date of Injury:	05/11/2012
Decision Date:	10/10/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 38-year-old gentleman was reportedly injured on May 11, 2012. The most recent progress note, dated June 6, 2014, indicated that there were ongoing complaints of pain in the lower back, shoulder, legs, and knee. The physical examination demonstrated tenderness and decreased range of motion of the shoulder, back, and knee. Diagnostic imaging studies of the right shoulder revealed acromioclavicular osteoarthritis, bicipital tendinitis, and infraspinatus tendinitis. Previous treatment included a session of extracorporeal shockwave therapy, physical therapy, and oral medications. A request had been made for extracorporeal shock wave therapy for the right shoulder and was not certified in the pre-authorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ESWT for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

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 Shock Wave Therapy, Updated August 27, 2014.

Decision rationale: The records, presented for review, indicate that this 38-year-old gentleman was reportedly injured on May 11, 2012. The most recent progress note, dated June 6, 2014, indicated that there were ongoing complaints of pain in the lower back, shoulder, legs, and knee. The physical examination demonstrated tenderness and decreased range of motion of the shoulder, back, and knee. Diagnostic imaging studies of the right shoulder revealed acromioclavicular osteoarthritis, bicipital tendinitis, and infraspinatus tendinitis. Previous treatment included a session of extracorporeal shockwave therapy, physical therapy, and oral medications. A request had been made for extracorporeal shock wave therapy for the right shoulder and was not certified in the pre-authorization process on May 20, 2014.