

Case Number:	CM14-0082745		
Date Assigned:	07/21/2014	Date of Injury:	11/27/2013
Decision Date:	09/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 75-year-old individual was reportedly injured on November 27, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 8, 2014, indicated that there were ongoing complaints of left shoulder, left elbow and neck pains. Comorbidities included diabetes and hypertension. The physical examination demonstrated a decreased range of motion and no other particular physical findings. The subjective complaints were noted to have improved. Diagnostic imaging studies were not presented. Electrodiagnostic studies were essentially noncontributory. Previous treatment included conservative care, acupuncture and physical therapy. A request had been made for extracorporeal shock wave therapy and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter updated August, 2014.

Decision rationale: As outlined in the ODG (MTUS does not address), this is recommended for calcific tendinitis. However, the findings noted on plain films are not objectified of such pathology. Therefore, without the clinical information presented necessary, Extracorporeal Shock Wave Therapy is not medically necessary.