MAXIMUS Federal Services

Case Number:	CM14-0096853		
Date Assigned:	07/23/2014	Date of Injury:	02/28/2013
Decision Date:	09/11/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/11/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 47 year old female with a work injury dated 2/28/13. The diagnoses include right shoulder pain, right rotator cuff syndrome, myofasciitis, headaches, insomnia, pain in the right shoulder, right shoulder internal derangement. Under consideration is a request for shockwave therapy 1 x Week x 2 Weeks for right shoulder. There is a primary treating physician report dated 1/9/14 that states that the injured worker complains of right shoulder pain, myospasm, and weakness with loss of range of motion. She also complains of migraine headache bilaterally. On examination the injured worker has painful range of motion of the right shoulder. She has pain on palpation, taut muscles/spasm of the right shoulder; edema/swelling in the right shoulder; and sensory loss in the right upper extremity. Trigger points are in the right shoulder. She has positive orthopedic tests of the right shoulder. She also has positive MRl imaging of the right shoulder as well as positive NCV of the upper extremities. The injured worker denies left shoulder pain or wrists symptoms.The treatment plan included a request for shockwave therapy.Per a 1/7/14 document there is an x-ray of the shoulder showing no obvious radiographic -abnormalities. There is an EMG/nerve conduction study showing possible carpal tunnel syndrome. There is an MRI scan of the right shoulder which shows supraspinatus and infraspinatus tendinitis and subchondral cyst in the humeral head.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 1 x Week x 2 Weeks for Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulder, Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Shockwave Therapy 1 x Week x 2 Weeks for Right Shoulder is not medically necesary per the MTUS guidelines. The MTUS ACOEM guidelines state that some medium quality evidence supports high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The documentation does not reveal evidence of calcifying tendinitis of the shoulder and therefore, the request for shockwave Therapy 1 x Week x 2 Weeks for Right Shoulder is not medically necessary.