

<b>Case Number:</b>	CM14-0098112		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 a 35-year-old with a date of injury on September 12, 2013. Subjective complaints are of right shoulder and back pain. It was noted that the patient had chiropractic care that provided some benefit. Physical exam of the right shoulder shows mild tenderness along the right AC joint and the posterior capsule, no impingement signs, and mildly reduced range of motion. X-ray exam of the right shoulder revealed no abnormalities. Medication consists of Naprosyn as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of extracorporeal shockwave therapy (ESWT) to right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SHOULDER, ESWT.

**Decision rationale:** The ODG states that for patients with calcifying tendinitis of the shoulder with inhomogeneous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its

noninvasiveness. However, there is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders. ODG recommends ESWT for patients whose pain is from calcifying tendinitis of the shoulder that has remained despite six months of standard treatment. Also, at least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs (non-steroidal anti-inflammatory drugs), d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). ODG also recommends the maximum number of visits is three over three weeks. For this patient, there is no evidence of calcifications on imaging; no evidence of prior physical therapy or injections, and the requested six visits exceeds guideline recommendations. Therefore, the request for Six sessions of extracorporeal shockwave therapy to right shoulder is not medically necessary or appropriate.