

Case Number:	CM14-0099599		
Date Assigned:	09/23/2014	Date of Injury:	01/27/2010
Decision Date:	10/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/29/2014

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 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 48-year-old female who reported a date of injury of 01/27/2010. The mechanism of injury was not indicated. The injured worker had diagnoses of cervical spine strain, thoracic spine strain, status post right shoulder surgery, status post left shoulder injury, right elbow strain, status post left elbow surgeries, status post right carpal tunnel release and status post left carpal tunnel surgery. Prior treatments included physical therapy. Diagnostic studies were not indicated within the medical record provided. Surgeries included an unspecified right shoulder surgery on 04/16/2004, an unspecified left shoulder surgery on 04/06/2011, and left carpal tunnel surgery on 01/28/2006. The injured worker had complaints of pain in the neck, upper back, the elbows bilaterally, right wrist, hand, shoulder, and left shoulder and wrist. The clinical note dated 01/21/2014 noted the injured worker had moderate tenderness to palpation of the cervical and thoracic spine, and tenderness to palpation of an illegible pertinent area. Medications were not indicated within the medical record provided. The treatment plan included a cervical epidural injection, the physician's recommendations for physical therapy, pain medication, and orthopedic consultations. The rationale and Request for Authorization Form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review of Extracorporeal Shockwave Therapy, Date of Service 4/28/14:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Updated 4/25/14), Extracorporeal Shockwave Therapy (ESWT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), extracorporeal shock wave therapy (ESWT)

Decision rationale: The request for retrospective review of extracorporeal shockwave therapy, date of service 04/28/2014, is not medically necessary. The injured worker had complaints of pain in the neck, upper back, the elbows bilaterally, right wrist, hand, shoulder, and left shoulder and wrist. The Official Disability Guidelines state extracorporeal shockwave therapy (ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. For patients with calcifying tendinitis of the shoulder with inhomogeneous deposits, quality evidence has found ESWT equivalent to or better than surgery and it may be given priority because of its noninvasiveness. In treating calcifying tendinitis, both high energy and low energy ESWT provide a beneficial effect on shoulder function, as well as on self-rated pain and diminished slides of calcifications, but high energy ESWT appears to be superior to low energy ESWT. The criteria for the use of extracorporeal shockwave therapy is for patients whose pain from calcifying tendinitis of the shoulder has remained despite 6 months of standard treatment, at least 3 conservative treatments have been performed prior to the use of ESWT to include rest, ice, NSAIDs, orthotics, physical therapy, and injections, and a maximum of 3 therapy sessions over 3 weeks. Contraindicated in patients who have had physical or occupational therapy within the past 4 weeks; patients who have received a local steroid injection within the past 6 weeks; patients with bilateral pain and, patients who had previous surgery for the condition. There is a lack of documentation for the retrospective date of service of 04/28/2014 indicating the injured worker has calcifying tendinitis of the shoulder. There is a lack of documentation the injured worker was non-responsive to at least 3 conservative treatments. Furthermore, the injured worker had complaints of shoulder pain. However, the clinical note dated 01/21/2014 noted the injured worker had tenderness to palpation of the cervical and thoracic spine. Additionally, the request did not specify an area for treatment. As such, the request is not medically necessary.

Prospective Review of Extracorporeal Shockwave Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Updated 4/25/14), Extracorporeal Shockwave Therapy (ESWT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT)

Decision rationale: The request for extracorporeal shockwave therapy is not medically necessary. The injured worker had complaints of pain in the neck, upper back, the elbows bilaterally, right wrist, hand, shoulder, and left shoulder and wrist. The Official Disability Guidelines state extracorporeal shockwave therapy (ESWT) is recommended for calcifying

tendinitis but not for other shoulder disorders. For patients with calcifying tendinitis of the shoulder with inhomogeneous deposits, quality evidence has found ESWT equivalent to or better than surgery and it may be given priority because of its noninvasiveness. In treating calcifying tendinitis, both high energy and low energy ESWT provide a beneficial effect on shoulder function, as well as on self-rated pain and diminished slides of calcifications, but high energy ESWT appears to be superior to low energy ESWT. The criteria for the use of extracorporeal shockwave therapy is for patients whose pain from calcifying tendinitis of the shoulder has remained despite 6 months of standard treatment, at least 3 conservative treatments have been performed prior to the use of ESWT to include rest, ice, NSAIDs, orthotics, physical therapy, and injections, and a maximum of 3 therapy sessions over 3 weeks. Contraindicated in patients who have had physical or occupational therapy within the past 4 weeks; patients who have received a local steroid injection within the past 6 weeks; patients with bilateral pain and, patients who had previous surgery for the condition. There is a lack of documentation indicating the injured worker has calcifying tendinitis of the shoulder. There is a lack of documentation the injured worker was non-responsive to at least 3 conservative treatments. Furthermore, the injured worker had complaints of shoulder pain. However, the clinical note dated 01/21/2014 noted the injured worker had tenderness to palpation of the cervical and thoracic spine. Additionally, the request did not specify an area for treatment. As such, the request is not medically necessary.