

<b>Case Number:</b>	CM14-0109714		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 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:

This is a 50years female patient who sustained an injury on 7/17/2012. She sustained the injury due to cumulative trauma. The diagnoses include shoulder sprain/strain; rule out left shoulder internal derangement, Right shoulder intemal derangement, status post right shoulder surgery, anxiety, mood disorder, sleep disorder, and stress. Per the doctor's note dated 5/9/14, he/she had complaints of headache, blurred vision, abdominal pain and discomfort, anxiety, depression and difficulty sleeping; left shoulder pain at 6-7/10 and right shoulder pain at 4-5/10. The physical examination of the shoulder revealed four well healed surgical portals on right shoulder, tenderness, limited range of motion, right upper extremity weakness, and positive supraspinatus test. The medications list includes dicopanol, deprizine, fenatrex, synapryn, tabradol, terocin and compound topical analgesic creams. She has had right shoulder MRI on 11/1/12. She had undergone right shoulder arthroscopic surgery on 12/13/2013. He has received treatment in the form of medications, activity restrictions, rest, and right shoulder surgery. She has had urine drug screen on 12/13/13 with negative results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy, Left Shoulder #12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Shoulder (updated 10/31/14) Extracorporeal shock wave therapy (ESWT)

**Decision rationale:** Per the cited guidelines "Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder." Evidence of calcifying tendinitis was not specified in the records provided. Per the cited guidelines there is no high grade scientific evidence to support the use of shockwave treatment for this diagnosis. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The medical necessity of Extracorporeal Shockwave Therapy, Left Shoulder #12 is not fully established in this patient.