

<b>Case Number:</b>	CM14-0171204		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 59 year old female injured worker suffered an industrial accident on 12/16/2013. She had been the gardener for a school that had 26 acres that included mowing, weed whacking, pruning trees, etc. The injured worker stated that this shoulder had been painful for months but on the date of injury became severe. Ultimately the injured worker had arthroscopic surgery to the right shoulder on 7/30/2014 for shoulder impingement. She participated in 12 sessions of physical therapy postoperatively. Currently on 10/02/2014, the provider stated she complained of burning, aching, cracking, to the right shoulder and upper back along with tingling to the right upper arm. Upon exam there was tenderness and painful range of motion. During this visit the request for authorization for ESWT, initial orthopedic consult, electrocardiogram, echocardiogram, TENS unit, AIM report was submitted. The medical record did not contain any information as to any cardiac concerns the provider may have had.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy (ESWT) 1x per week for 3 weeks right shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Extracorporeal Shockwave Therapy (ESWT)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**Decision rationale:** According to MTUS guidelines, in the Shoulder Complaints chapter table 9-6, there is no strong evidence supporting the use of physical treatment methods including Extracorporeal Shockwave Therapy for the treatment of shoulder dysfunction. Most of the evidences are level D. Some medium quality evidence supports the use of Extracorporeal Shockwave Therapy for shoulder calcified tendinitis. There is no documentation of right shoulder tendinitis in this case. Therefore the prescription of low energy extracorporeal shockwave treatment for the right shoulder, #3 is not medically necessary.

**Orthopedic initial consultation 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, Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In addition, according to MTUS guideline, Shoulder complaints chapter and under surgical considerations, an orthopedic evaluation for shoulder dysfunction may be indicated in case of red flag condition such as acute rotator cuff tear, existence of surgical lesion with activity limitation for more than 4 months, failure to increase range of motion (ROM) and strength with a surgical lesion and clear clinical and imaging evidence of lesion that may benefit from surgery. There is no documentation that the patient response to pain therapy falls outside the expected range. There is no recent clinical and radiological evidence of shoulder lesion requiring orthopedic evaluation. Therefore, the request for Transfer of Care to an orthopedic consultation is not medically necessary at this time.

**TENS unit 1 month trial shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

**Decision rationale:** According to MTUS, in Shoulder Complaints chapter, Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral. In

addition and according to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for shoulder disorders. Therefore, the prescription of TENS unit trial is not medically necessary.

**Echocardiography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braun Wald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed., page 261.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Echocardiography. <http://emedicine.medscape.com/article/1820912-overview>.

**Decision rationale:** There is no documentation of any cardiac issues in the patient file and the need for echocardiogram is unclear. Therefore, the request for Echocardiogram is not medically necessary.

**EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Braun Wald's Heart Disease: A Textbook of Cardiovascular Medicine, 9th ed., Chapter 13.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Electrocardiography. <http://emedicine.medscape.com/article/1894014-overview>

**Decision rationale:** There is no documentation of any cardiac issues in the patient file and the need for EKG is unclear. Therefore, the request for EKG is not medically necessary.

**AIM report:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.dol.gov/owcp/dlhwc/lspm/lspm5-400.htm> AIM -Anatomical Impairment Measurement

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Impairment Rating and Disability Determination. <http://emedicine.medscape.com/article/314195-overview>

**Decision rationale:** There is no documentation regarding the nature of the AIM report or its indications. It is not clear what is intended with this request. An AIM report is not addressed in

the MTUS as a mode of treatment or injury evaluation method. Given the lack of sufficient information presented by the treating physician, the AIM report is not medically necessary.