

<b>Case Number:</b>	CM14-0180727		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	12/07/2009
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Practice 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 injured worker's date of injury is 12/07/2010. The medical records regarding the original injury were not provided. This patient receives treatment for chronic shoulder and upper extremity pain. The patient had a shoulder MRI on 01/23/2012 which showed degeneration of the supraspinatus tendon. The patient underwent arthroscopic right shoulder surgery on 07/15/2014, which included decompression and a Mumford procedure. On 07/22/2014 the patient received an A/C joint injection with nearly full pain relief. The patient received physical therapy; however, the total number of visits is not stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shock Wave therapy (ESWT) X 3, Left Elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for use of Extracorporeal Shock Wave therapy, Elbow disorders

**Decision rationale:** The medical records submit are hand written and limited to the PR-2 forms from the treating physician. Legibility is poor. Extracorporeal shockwave therapy is not

recommended for elbow disorders, as results from well-designed clinical studies fail to show that there are beneficial outcomes above traditional methods of treatment or even placebo (sham) therapy. Forearm stretching and icing are superior, when compared to ESWT treatments. ESWT is not medically necessary.

**Additonal Post op Rehab 1 x 4, left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient's treating physician requested 12 PT sessions over 6 weeks for the patient's shoulder after the surgery. There is no documentation about these PT sessions. The treatment guidelines call for PT sessions to be faded and then a home exercise program to carry onward. There is no documentation submitted to support additional PT sessions therefore additional PT sessions are not medically necessary.