

Case Number:	CM14-0186404		
Date Assigned:	11/14/2014	Date of Injury:	06/03/2013
Decision Date:	01/06/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal 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:

The injured worker (IW) is a 44-year-old who sustained a work related injury to the right shoulder/right upper extremity on June 3, 2013 while catching falling boxes. Conservative care included physical therapy, chiropractic treatment, shockwave therapy for 4 weeks (location not specified), medications and activity modification. MRI of the right shoulder dated July 17, 2014 showed rotator cuffs tear. An electromyogram/nerve conductive velocity (EMG/NCV) study of the bilateral upper extremities revealed evidence of mild bilateral C5 and C6 radiculopathy, greater on the right, as well as bilateral carpal tunnel syndrome. Pursuant to the orthopedic note dated October 7, 2014, the IW complains of right shoulder pain rated 6/10, and right elbow pain and wrist pain rated 4/10. Examination revealed a positive impingement sign of the right shoulder. Right shoulder flexion was 160 degrees and abduction was 160 degrees. Tenderness was noted at the right elbow extensor muscle and lateral epicondyle. The impression was right shoulder impingement syndrome, right elbow lateral epicondylitis, and right wrist pain. The plan was for shockwave treatment for the right shoulder, elbow, and wrist. The IW was temporarily totally disabled and was to return in 4 weeks. A possible injection was noted for the next visit, but the location was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho shockwave lateral epicondylitis to the right shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal Shock Wave 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 Section, Extracorporeal Shockwave Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, extracorporeal shockwave therapy lateral epicondylitis to the right shoulder is not medically necessary. Extracorporeal shock wave therapy (ESWT) is recommended for calcified tendinitis but not for other shoulder disorders. The ODG enumerates the criteria. They include, but are not limited to, patients whose pain is from calcified tendinitis of the shoulder has remained despite six months of standard treatment; at least three conservative treatments have been performed prior to the SWT; and a maximum of 330 sessions over three weeks. In this case, the injured worker received conservative treatment with physical therapy, chiropractic treatment and nonsteroidal anti-inflammatory oral medications and cream. The injured worker was diagnosed with a full thickness rotator cuff tear documented on MRI with no radiologic evidence of calcific tendinitis in the shoulder. Consequently, extracorporeal shock wave therapy lateral epicondylitis to the right shoulder is not medically necessary.