MAXIMUS Federal Services

Case Number:	CM14-0187010		
Date Assigned:	11/17/2014	Date of Injury:	12/24/2010
Decision Date:	01/05/2015	UR Denial Date:	10/07/2014
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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of December 24, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; shoulder corticosteroid injection therapy; epidural steroid injection therapy; unspecified amounts of cognitive behavioral therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated October 7, 2014, the claims administrator approved a pain management consultation, denied extracorporeal shockwave therapy, approved an orthopedic evaluation, approved chiropractic manipulative therapy and denied medical transportation. The claims administrator stated that its decision was based on a progress note of September 16, 2014.The applicant's attorney subsequently appealed. In a June 17, 2014 progress note the applicant reported ongoing complaints of low back and shoulder pain. Physical therapy, cognitive behavioral therapy and a pain management consultation was sought while the applicant was kept off of work, on total temporary disability. The attending provider alluded to the applicant's having had a shoulder MRI of February 8, 2013, demonstrating moderate tendinosis of the supraspinatus tendon with an intact labrum without a discrete rotator cuff tear or labral tear.In a medical-legal evaluation dated December 19, 2013, the applicant reported multifocal complaints of low back, leg, and shoulder pain with attendant complaints of depression. The applicant stated that her mental and physical well-being had deteriorated, as a result of the injury. The applicant had last worked in 2012, it was acknowledged. The applicant was on Inderal, Xanax, and Plavix, it was further noted. On September 16, 2014, the applicant again reported multifocal complaints of low back and shoulder pain. Extracorporeal shockwave therapy was endorsed. The applicant had shoulder tendonitis. Diminished strength was appreciated about both the left

and right shoulders. Transportation to and from appointments was sought. The applicant's gait was not clearly characterized or described, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT (extracorporeal shock wave therapy) x 6 visits of the left 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, extracorporeal shock wave therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, page 203, does acknowledge that medium quality evidence supports extracorporeal shockwave therapy for the specific diagnosis of calcifying tendonitis of the shoulder, in this case, however, the applicant does not, in fact, carry a diagnosis of radiographically-confirmed extracorporeal shockwave therapy of the shoulder. Rather, earlier MRI imaging of February 2013 suggested that the applicant did not carry a diagnosis of radiographically-confirmed calcifying tendonitis of the shoulder for which ESWT would be indicated. Rather, the applicant was given a diagnosis of nonspecific shoulder tendonosis, as noted on earlier shoulder MRI imaging of February 8, 2013. ESWT is not indicated, thus, in the clinical context present here. Therefore, the request is not medically necessary.