

Case Number:	CM14-0189118		
Date Assigned:	11/20/2014	Date of Injury:	09/09/2009
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 worker is a 56 year old female who was injured on 9/9/2009. She was diagnosed with cervical disc disease, cervical radiculopathy, cervical facet joint syndrome, right shoulder rotator cuff tear, left shoulder tendinitis, lumbar disc disease, lumbar radiculopathy, and lumbar facet joint hypertrophy. She was treated with surgery (lumbar, epidural injection, physical therapy, work restrictions, and medications. Right shoulder MRI from 3/29/2011 showed complete tear of the supraspinatus tendon with minimal retraction. No imaging of the left shoulder was seen as being performed. On 10/8/14, the worker's chiropractor requested bilateral extracorporeal shock wave therapy for both shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy Right Shoulder QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Ed 2013, Shoulder (Acute & Chronic) 8/12/13, Extracorporeal Shockwave 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 shock wave therapy

Decision rationale: The MTUS Guidelines do not address extracorporeal shock wave therapy (ESWT) specifically as a treatment option for shoulder complaints. The ODG, however, addresses it and states that it may be recommended for calcifying tendinitis but not for other shoulder disorders, and has been shown to be equivalent or better than surgery. The criteria for use of ESWT includes: 1. Six months or more of pain related to calcifying tendinitis of the shoulder, 2. At least three conservative treatments have been performed prior (rest, ice, NSAIDs, orthotics, physical therapy, injections), 3. Contraindicated in pregnant women, patients younger than 18 years of age, patients with blood clotting disease, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; patients with cardiac pacemakers; patients who had physical or occupational therapy within the past four weeks; patients who received a local steroid injection within the past six weeks; patients with bilateral pain; and patients who had previous surgery for the condition, and 4. A maximum of three therapy sessions over three weeks. In the case of this worker, it is not clearly apparent that she has calcifying tendinitis. MRI imaging from years prior showed a complete tear, and no left shoulder MRI was included in the documents available for review which might have helped to make that diagnosis and therefore, justify shock wave therapy in the left shoulder. Therefore, without clear evidence of calcifying tendinitis contributing to her shoulder pain, let alone her shoulder pain being related to her injury, the left and right shock wave therapy is not medically necessary.

Extracorporeal Shockwave Therapy Left Shoulder QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Ed 2013, Shoulder (Acute & Chronic) 8/12/13, Extracorporeal Shockwave 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 shock wave therapy

Decision rationale: The MTUS Guidelines do not address extracorporeal shock wave therapy (ESWT) specifically as a treatment option for shoulder complaints. The ODG, however, addresses it and states that it may be recommended for calcifying tendinitis but not for other shoulder disorders, and has been shown to be equivalent or better than surgery. The criteria for use of ESWT includes: 1. Six months or more of pain related to calcifying tendinitis of the shoulder, 2. At least three conservative treatments have been performed prior (rest, ice, NSAIDs, orthotics, physical therapy, injections), 3. Contraindicated in pregnant women, patients younger than 18 years of age, patients with blood clotting disease, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; patients with cardiac pacemakers; patients who had physical or occupational therapy within the past four weeks; patients who received a local steroid injection within the past six weeks; patients with bilateral pain; and patients who had previous surgery for the condition, and 4. Maximum of three therapy sessions over three weeks. In the case of this worker, it is not clearly apparent that she has calcifying tendinitis. MRI imaging from years prior showed a complete tear, and no left shoulder MRI was included in the documents available for review which might have helped to make that diagnosis

and therefore, justify shock wave therapy in the left shoulder. Therefore, without clear evidence of calcifying tendinitis contributing to her shoulder pain, let alone her shoulder pain being related to her injury, the left and right shock wave therapy is not medically necessary.