

Case Number:	CM14-0192117		
Date Assigned:	11/26/2014	Date of Injury:	05/27/2010
Decision Date:	01/14/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/18/2014

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 Arizona. 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 is a 39year old man with a work related injury dated 5/27/10 resulting in chronic shoulder, knee and back pain. The patient was evaluated by the primary treating physician on 9/30/14. He continued to complain of pain. The exam showed decreased and painful right shoulder ranges of motion in flexion and abduction. The diagnosis included right shoulder sprain/strain. Previous MRI of the right shoulder done 8/13/10 showed a partial tear of the right supraspinatus tendon. Previous treatment has included oral analgesic medications, chiropractic care and PT. Under consideration is the medical necessity of three extracorporeal shock wave therapy sessions to the right shoulder for treatment of tendonitis. This treatment was denied during utilization review dated 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three Extracorporeal Shock Wave Therapy Sessions for the 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 (ODG) Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, shoulder

Decision rationale: According to the ODG, extracorporeal shock wave therapy is recommended for calcifying tendinitis but not for other shoulder disorders. Specifically not recommended for shoulder disorders including non-calcific tendonitis of the rotator cuff as there is no evidence to support its use. In this case the extracorporeal shock wave therapy is being prescribed for non-calcific tendonitis of the rotator cuff. There is no documentation to indicate the patient has calcifying tendinitis therefore the services requested are not medically necessary.