

Case Number:	CM14-0204044		
Date Assigned:	12/16/2014	Date of Injury:	01/11/2013
Decision Date:	02/03/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/05/2014

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:

40 yr. old female claimant sustained a work injury on 6/17/13 involving the elbow, shoulders and arms. She was diagnosed with a left lateral epicondylitis, shoulder strain and wrist strain. She had undergone physical therapy. An MRI of the left shoulder in 9/2013 showed a left supraspinatus tendonosis. A progress note on 10/28/14 indicated the claimant had good range of motion of the left shoulder but had a positive supraspinatus test in the left shoulder and positive tenderness in the left elbow. The physician requested extracorporeal shock wave therapy of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal therapy one time a week for six weeks, 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shock wave therapy and shoulder pain

Decision rationale: According to the guidelines, ESWT is recommended for calcifying tendinitis but not for other shoulder disorders. In this case, the claimant did not have findings of

calcifying tendonitis. There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. The request for ESWT is therefore not medically necessary.