

Case Number:	CM14-0207540		
Date Assigned:	12/19/2014	Date of Injury:	01/10/2013
Decision Date:	02/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/11/2014

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:

Patient had a date of injury on 1/10/2013. Patient injured her shoulder while pushing a box of oranges. Medications include tramadol, Celebrex, and omeprazole. Surgery includes: right shoulder surgery performed on 10/16/2013. Patient has had physical therapy and physiotherapy. Diagnosis includes: chronic right shoulder strain and a history of prior adhesive capsulitis of the right shoulder, status post right shoulder manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Extracorporeal Shockwave Therapy sessions- 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) 11th Edition (web) , 2014, Shoulder ESWT

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

Decision rationale: According to guidelines ESWT is used for patients whose pain from calcifying tendonitis of the shoulder has remained despite 6 months of standard treatment, at

least 3 conservative treatments have been performed. According to the medical records there is no documentation as to why ESWT is needed and thus is not medically necessary.