

Case Number:	CM14-0020836		
Date Assigned:	04/30/2014	Date of Injury:	10/15/2013
Decision Date:	02/28/2015	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 65-year-old male, with a reported date of injury of 10/15/2013. The results of the injury were neck pain, low back pain, and bilateral shoulder pain. The current diagnoses include lumbar radiculitis, cervical radiculitis, bilateral shoulder impingement syndrome, and bilateral shoulder neuritis/neuralgia. The past diagnoses include lumbar sprain, right shoulder sprain, and shoulder tendonitis. Treatments have included Naproxen, Ultram, Toradol, and acupuncture. The medical records provided for review did not include diagnostic test reports. The medical records included two (2) acupuncture reports dated 12/30/2013 and 01/06/2014. The progress report dated 01/08/2014 indicates that the injured worker complained of constant bilateral shoulder, low back, and neck pain. The injured worker rated her low back pain 6-8 out of 10; her cervical spine pain 6-8 out of 10; and bilateral shoulder pain 7-9 out of 10. She rated her pain 7-9 out of 10 with activities, and 5-6 out of 10 at rest. She reported burning, spastic, throbbing, shooting numbness, tingling, and weakness in the upper and lower extremities. It was noted that her daily activities improved 10-20%, and that rest and acupuncture helped. The injured worker stated that the medications contributed to lowering her pain level to 5-7 out of 10. The injured worker had activity of daily living limitations with self-care and hygiene. The objective findings showed rotation and flexion caused the most aggravation in the neck; bending, twisting, sitting, standing, and walking aggravate low back activities; swelling and muscle spasm with nodules lessened on palpation; a lot of guarding, moaning, and facial expressions were noted during therapy. The rationale for the request was

not documented in the medical report. The injured worker's status was temporary total disability. On 01/31/2014, Utilization Review (UR) denied the request for shockwave for the bilateral shoulders. The UR physician noted that there was no documentation of a specific objective calcifying tendinitis occurring in the shoulders to support the need for this type of treatment. The ACOEM Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556. Decision based on Non-MTUS Citation ODG Shoulder (updated 01/20/14) Extracorporeal shock wave therapy (ESWT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, ESWT pub med search ESWT

Decision rationale: MTUS does not specifically refer to Electric Shockwave therapy. The ODG guidelines were consulted for ESWT treatment of the shoulder and only recommended Shoulder ESWT when: 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). It should be noted that the treating physician's documentation was difficult to read. Medical records do detail a trial of NSAIDs and a shoulder cortisone injection. However, the medical documents provided do not detail the outcome of physical therapy visits for the shoulder and there is no documentation of calcifying tendinitis. As such, the request for Shockwave Bilateral Shoulders is not medically necessary.