

Case Number:	CM14-0213861		
Date Assigned:	12/31/2014	Date of Injury:	06/03/2013
Decision Date:	04/06/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on June 3, 2013. She has reported right elbow/shoulder and left knee pain. Her diagnoses include right shoulder impingement. She has been treated with x-rays, MRI, electrodiagnostic studies, topical pain medication, oral pain medication, non-steroidal anti-inflammatory medication, proton pump inhibitor medication, work modifications, neck brace, functional capacity evaluation (FCE), and chiropractic/physical therapy. On December 3, 2014, her treating physician reports the right shoulder pain is described as tired. The physical exam revealed positive right shoulder impingement. The treatment plan includes to remain off work, physical therapy, and to continue medications. On December 10, 2014, Utilization Review non-certified a request for shockwave for the right shoulder, noting the lack of documentation of functional improvement from prior shockwave therapy, and the proposed intervention beyond calcifying tendinitis, is not broadly accepted as a prevailing standard of care which is not a diagnosis in this case. The California Medical Treatment Utilization Schedule (MTUS): ACOEM (American College of Occupational and Environmental Medicine) Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave for right shoulder: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: This patient receives treatment for chronic right shoulder pain since 2013. The subjective patient complaint of the shoulder is "patient is tired." The treating clinician is recommending treatment with extracorporeal shockwave therapy. The medical diagnosis is impingement syndrome. Additional diagnoses in the medical documentation include degenerative arthritis of the A/C joint and biceps and supraspinatus tendinosis. The documentation does not show evidence of any functional improvement from previous shockwave treatments. According to the treatment guidelines, shockwave therapy may play a role to treat calcific tendinitis, which this patient does not have, if there is documentation that NSAIDS, PT, needle aspiration of calcium plus steroid injections have been tried and failed. Based on the documentation, shockwave therapy is not medically indicated.