

Case Number:	CM14-0042191		
Date Assigned:	06/30/2014	Date of Injury:	12/14/2012
Decision Date:	02/11/2015	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/07/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 49-year-old man who sustained a work-related injury on December 14, 2012. Subsequently, the patient developed a chronic back and upper extremities pain. According to a progress report dated on February 20, 2014, the patient was complaining of moderate neck pain, upper back pain and right shoulder pain. The patient physical examination demonstrated right shoulder tenderness with limited range of motion, neck tenderness with reduced range of motion. An MRI of the right shoulder demonstrated the shoulder impingement and denotes. The provider requested authorization for Extracorporeal Shockwave Therapy once a week for 6 weeks right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy once a week for 6 weeks right shoulder (Qty 6):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: According to MTUS guidelines, in the Shoulder Complaints chapter table 9-6, there is no strong evidence supporting the use of physical treatment methods including Extracorporeal Shockwave Therapy for the treatment of shoulder dysfunction. Most of the evidences are level D. Some medium quality evidence supports the use of Extracorporeal Shockwave Therapy for shoulder calcified tendinitis. There is no documentation of right shoulder calcified tendinitis in this case. Therefore the prescription of Extracorporeal Shockwave Therapy once a week for 6 weeks Right Shoulder (Qty 6) is not medically necessary.