

Case Number:	CM15-0002937		
Date Assigned:	01/13/2015	Date of Injury:	10/31/2014
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 10/31/2014. The mechanism of injury involved heavy lifting. The current diagnoses include cervical musculoligamentous strain with radiculitis, rule out cervical spine discogenic disease, right shoulder strain, right shoulder tendonitis, right shoulder impingement syndrome, and rule out right shoulder rotator cuff tear. The injured worker presented on 12/03/2014 with complaints of neck and right upper extremity pain. Upon examination of the right shoulder, there was tenderness to palpation, positive Neer's and supraspinatus testing, positive Codman's test, decreased motor strength at 4/5, and decreased sensation at the right anterolateral shoulder and forearm. Recommendations included 4 sessions of extracorporeal shockwave therapy for the right shoulder. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave therapy 1 time per week for 4 weeks for the right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Shoulder (updated 10/31/14)
Extracorporeal shock wave therapy (ESWT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201-205.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is medium quality evidence to support manual physical therapy, ultrasound, and high energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder. The injured worker does not maintain a diagnosis of calcifying tendinitis of the shoulder. Therefore, the current request is not medically appropriate in this case.