

Case Number:	CM15-0005625		
Date Assigned:	01/20/2015	Date of Injury:	08/05/2013
Decision Date:	03/13/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York
Certification(s)/Specialty: Internal Medicine

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 41 year old female, who sustained a work related injury on 8/5/13. She reported getting a box down from a shelf and had pain in her shoulders. The diagnoses have included bilateral shoulder joint sprain, torn rotator cuff in right shoulder infraspinatus tendonosis of left shoulder and acromioclavicular joint arthrosis of bilateral shoulders. Treatment to date has included oral medications, MRI left shoulder, physical therapy and acupuncture treatments. In the PR-2 dated 10/14/14, the injured worker complains of sharp, stabbing pain in bilateral shoulders. She rates the pain a 5-6/10 in both shoulders. She states pain gets worse with activity. She has tenderness to palpation of both shoulder joints. She has decreased range of motion in both shoulders. On 12/29/14, Utilization Review non-certified a request for Extracorporeal shockwave therapy 1 time a week for 6-12 weeks, noting the injured worker did not meet the indications for the use of this treatment. The California MTUS, ACOEM Guidelines, were cited.

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 a week for 6 to 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter: Extracorporeal Shockwave Therapy

Decision rationale: Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment proposed to treat refractory tendinopathies such as plantar fasciitis and lateral epicondylitis (i.e., tennis elbow) and introduced as an alternative to surgery for patients with that have not responded to other conservative therapies. Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment that involves delivery of low- or high-energy shock waves via a device to a specific site within the body. These pressure waves travel through fluid and soft tissue; their effects occur at sites where there is a change in impedance, such as the bone/soft-tissue interface. Low-energy shock waves are applied in a series of treatments and do not typically cause any pain. High-energy shock wave treatments are generally given in one session and usually require some type of anesthesia. The documentation indicates the claimant has chronic left shoulder pain which has been treated with multiple conservative therapies. There is no indication for extracorporeal shockwave therapy for the treatment of the shoulder pain. Medical necessity for the requested service has not been established. The requested service is not medically necessary.