

Case Number:	CM15-0005924		
Date Assigned:	01/20/2015	Date of Injury:	10/04/2012
Decision Date:	03/13/2015	UR Denial Date:	12/30/2014
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: California, Indiana, 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 48 year old female, who sustained an industrial injury on 10/04/2012. She has reported pain in the bilateral shoulders/arms. The diagnoses have included cervical sprain/strain, left elbow lateral epicondylitis, right elbow lateral epicondylitis, and bilateral shoulder impingement syndrome. Treatment to date has included medications, physical therapy, and home exercise program. A progress report from the treating physician, dated 11/25/2014, documented a follow-up visit with the injured worker. The injured worker reported headaches, as well as pain in the neck, bilateral shoulders/arms, and bilateral elbows/forearms; pain and numbness in the bilateral wrists/hands; pain is helped with physical therapy. Objective findings included tenderness to palpation of the cervical paraspinal muscles, bilateral shoulders, bilateral arms, bilateral elbows, bilateral forearms, bilateral wrists, and bilateral hands. The treatment plan has included continuation with medications; continue physical therapy; extracorporeal shockwave therapy of the right shoulder, once per week for four weeks; and follow-up evaluation. On 12/30/2014 Utilization Review non-certified a prescription for ECSWT 1xWk x 4Wks Right Shoulder. The MTUS, ACOEM, Chapter 9 (Shoulder Complaints); and the ODG, Shoulder Chapter (Acute & Chronic) were cited. On 01/06/2015, the injured worker submitted an application for IMR for review of a prescription for ECSWT 1xWk x 4Wks Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECSWT 1 Times A Week for 4 Weeks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder section, Extracorporeal shockwave therapy

Decision rationale: Pursuant to the Official Disability Guidelines, extracorporeal shock wave therapy (ESWT) to the right shoulder is not medically necessary. ESWT is recommended for calcified tendinitis but not for other shoulder disorders. The criteria for use of the ESWT are enumerated in the Official Disability Guidelines. See the guidelines for additional details. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis, NOS; disorders of bursa and tendons in the shoulder region, unspecified; lateral epicondylitis; and neck sprain. Subjectively, the injured worker complains of right shoulder, arm pain 7/10 that is increased from 5 - 6/10 from her last visit. Objectively, was tenderness palpation over the shoulders bilaterally. Impingement test was positive. The treatment plan was to order extracorporeal shock wave therapy to the right shoulder. ESWT is recommended for calcified tendinitis but not for other shoulder of the falls and hip as disorders. This injured worker does not have a diagnosis of calcified tendinitis. Consequently, extracorporeal shock wave therapy to the right shoulder is not medically necessary.