

Case Number:	CM15-0101129		
Date Assigned:	06/22/2015	Date of Injury:	12/08/2014
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, 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:

This is a 44 year old female patient, who sustained an industrial injury on 12/08/2014. The diagnoses include cervical and lumbar myospasm, cervical and lumbar sprain/strain, cervical radiculopathy, right shoulder impingement syndrome and right shoulder sprain/strain. Per the progress note dated 04/06/2015, she had complaints of neck, low back and right shoulder pain that was rated as 5-6/10. The physical examination revealed decreased and painful range of motion of the right shoulder, tenderness to palpation of the acromioclavicular joint, anterior shoulder, posterior shoulder and supraspinatus and positive supraspinatus press test; tenderness and decreased range of motion of the cervical spine and lumbar spine. The current medications list is not specified in the records provided. Treatment to date has included medication and chiropractic therapy. A request for authorization of extracorporeal shock wave therapy for the right shoulder was submitted. There was no specification as to why the request was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Shoulder, Acute and Chronic, Extracorporeal Shock Wave Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, initial care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 05/04/15) Extracorporeal shock wave therapy (ESWT).

Decision rationale: Per the cited guidelines "Some medium quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder." Evidence of calcifying tendinitis is not specified in the records provided. Per the cited guidelines, there is no high-grade scientific evidence to support the use of shockwave treatment for this diagnosis. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Extracorporeal shock wave therapy for the right shoulder is not fully established in this patient.