

Case Number:	CM15-0109189		
Date Assigned:	06/15/2015	Date of Injury:	01/20/2015
Decision Date:	12/04/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/05/2015

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

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:

This is a 32 year old male with a date of injury on 1-20-15. A review of the medical records indicates that the injured worker is undergoing treatment for neck, back and right shoulder pain. Progress report dated 2-2-15 reports continued complaints of neck, back and right shoulder pain. He reports minimal improvement overall at about 10 percent better. He has pain with prolonged sitting and standing. Physical exam: right shoulder mild diffuse pain with deep palpation, range of motion is full, shoulder strength is normal bilaterally, negative Hawkins test, negative neer test, negative drop arm test. MRI right shoulder 5-4-15 reveals arthritic change, tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear. Treatments include: medication, physical therapy and chiropractic. Request for authorization dated 4-20-15 was made for Shock wave therapy of the right shoulder as outpatient. Utilization review dated 6-4-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Shockwave therapy of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extracorporeal shockwave therapy (ESWT), pages 915-916.

Decision rationale: Review indicates the chiropractic provider performing a series of shockwave therapy to the right shoulder on 5/1/15, 5/15/15, 5/29/15, and 6/12/15 without report of outcome or functional benefit. Although the MRI of the right shoulder on 5/4/15 showed findings of tendinosis/ peritendinitis of the supraspinatus tendon, clinical exam showed no neurological deficits, normal motor strength with full shoulder range of motion and negative impingement signs. While Extracorporeal shock wave therapy may be indicated for calcific tendinitis, there are no high-quality randomized clinical studies showing long term efficacy. ESWT may be a treatment option for calcifying tendinitis in patients with at least three failed conservative treatment trials for over six months, not demonstrated here. ESWT is not recommended for chronic shoulder disorders, rotator cuff tears or osteoarthropathies. ESWT is also contraindicated in younger patients and those with arthritis of the spine as with this injured worker. Submitted reports have not demonstrated clear diagnosis, symptom complaints or clinical findings to support for this treatment under study nor is there evidence of failed conservative trials, new acute injury or progressive deterioration in ADLs to support for the treatment outside guidelines criteria. The 1 Shockwave therapy of the right shoulder is not medically necessary and appropriate.