

Case Number:	CM15-0019082		
Date Assigned:	02/06/2015	Date of Injury:	10/20/2004
Decision Date:	04/01/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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:

The injured worker is a 52 year old female, who sustained an industrial injury on 10/20/2004. The current diagnoses are left shoulder strain and cervical spine disc bulges with radiculopathy - status post C4-5 discectomy and fusion. According the check marks on the progress report dated 12/9/2014, the injured worker has pain in the left shoulder and neck. Treatment to date has included medications, epidural steroid injections, and surgery. The treating physician is requesting extracorporeal shockwave therapy 1 times per week for 3 weeks for the left shoulder, which is now under review. On 1/8/2015, Utilization Review had non-certified a request for extracorporeal shockwave therapy 1 times per week for 3 weeks for the left shoulder. The extracorporeal shockwave therapy was non-certified based on lack of documentation of calcifying tendonitis and objective findings regarding the shoulder. The California MTUS ACOEM Medical Treatment 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 times per week for 3 weeks for the left shoulder:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, ESWT.

Decision rationale: The patient was injured on 10/20/2004 and presents with pain in his neck, upper back, lower back, right shoulder, left shoulder, right wrist/hand, and left wrist/hand. The request is for an EXTRACORPOREAL SHOCKWAVE THERAPY 1 TIME PER WEEK FOR 3 WEEKS FOR THE LEFT SHOULDER. There is no RFA provided and the patients work status is not known. Review of the reports does not indicate if the patient has had a prior extracorporeal shockwave therapy. MTUS Guidelines and ACOEM Guidelines do not discuss extracorporeal shockwave treatments. ODG Guidelines under ESWT under the shoulder chapter states, recommended for calcifying tendonitis, but not for other disorders, for patients with calcifying tendonitis of the shoulder and homogenous deposits, quality evidence had found extracorporeal shockwave therapy equivalent or better than surgery, and it may be given priority because of its noninvasiveness. The report with the request is not provided and there is no discussion regarding this request. The patients diagnoses include the following: 1. Cervical/thoracic/lumbar spine disk bulge. 2. Right shoulder tenosynovitis, status post right shoulder surgery, 07/13/2012. 3. Left shoulder strain. 4. Right/left wrist/hand strain. Review of the reports provided does not provide any MRI of the left shoulder. There is no indication of the patient having calcifying tendonitis. Therefore, the requested extracorporeal shockwave therapy for the left shoulder IS NOT medically necessary.