

Case Number:	CM15-0131994		
Date Assigned:	07/20/2015	Date of Injury:	06/03/2009
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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: Florida, New York, Pennsylvania
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 55 year old female sustained an industrial injury to the right shoulder, right knee and back on 6/3/09. Previous treatment included right shoulder subacromial depression (11/2012), physical therapy, injections, ice, home exercise and medications. In a follow up consultation dated 6/10/15, the injured worker complained of right shoulder pain rated 9/10 on the visual analog scale, low back pain with lower extremity symptoms, rated 6/10 and right knee pain rated 5/10. Physical exam was remarkable for right shoulder with tenderness to palpation, swelling and decreased range of motion, atrophy to the right deltoid musculature, lumbar spine with tenderness to palpation, decreased range of motion and positive bilateral straight leg raise and right knee with diffuse tenderness to palpation. Current diagnoses included rule out intradiscal component lumbar spine, rule out lumbar spine radiculopathy, right shoulder rotator cuff tear with superior labral anterior posterior repair lesion, cervical spine myofascial pain and spondylosis and right shoulder infraspinatus and supraspinatus calcific tendinitis. The physician noted concern regarding the refractory nature of the right shoulder despite conservative treatment. The treatment plan included requesting authorization for three sessions of extracorporeal shockwave therapy to treatment plan included refractory calcifying tendinitis of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Extracorporeal Shock wave Therapy (ESWT) x3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Focused Extracorporeal Shock Wave Therapy in Calcifying Tendinitis of the Shoulder: A Meta-Analysis Patrick Vavken, MD, MSc, Johannes Holinka, MD, Jan Dirk Rompe, MD, and Ronald Dorotka, MD, Extracorporeal shockwave therapy in musculoskeletal disorders Wang C. J Orthop Surg Res 2012, 7:11 published online 2012 March 20 <http://www.josr-online.com/content/7/1/11>.

Decision rationale: ECSWT is not covered explicitly by the MTUS. Its primary indication and FDA approval has been in urologic management of nephrolithiasis. The orthopedic provider reported the results of a recent MRI as showing evidence for a calcific tendonitis with an impending risk for adhesive capsulitis. A well-executed Meta-Analysis found convincing evidence for a significant benefit for high energy focused extracorporeal shockwave therapy in calcific tendonitis of the shoulder. A more recent review confirmed its utility for this indication. The member has shown a lack of response to conservative measures. Although the actual number of treatments necessary for resolution is still in flux, the request for 3 treatments should provide adequate evidence of response if not resolution of the problem. Based on my review of the relevant current literature the request is medically necessary and would be supported. The UR Non-Certification would not be supported.