

Case Number:	CM15-0132193		
Date Assigned:	07/20/2015	Date of Injury:	05/29/2013
Decision Date:	08/17/2015	UR Denial Date:	06/08/2015
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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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(n) 51 year old male, who sustained an industrial injury on 5/29/13. He reported injury to his neck, lower back and right side related to a slip and fall accident. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, mild peripheral neuropathy, right shoulder sprain and cervical strain. Treatment to date has included a lumbar and right knee MRI, Norco and topical pain medications. As of the QME dated 4/14/15, the injured worker reports headaches, neck pain and right upper extremity pain. Objective findings include adequate right shoulder range of motion and normal trapezius, supra and infraspinatus testing. The treating physician requested a trial of electroshockwave therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of electroshockwave therapy for the 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 ODG, Shoulder, Electric Shock Wave Therapy.

Decision rationale: This claimant was injured over two years ago with injury to his neck, lower back and right side related to a slip and fall accident. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, mild peripheral neuropathy, right shoulder sprain and a cervical strain. Treatment has included Norco and topical pain medications. As of April 2015, there are ongoing headaches, neck pain and right upper extremity pain. There is however adequate right shoulder range of motion and normal trapezius, supra and infraspinatus testing. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG recommends this procedure for the shoulder only for calcific tendinitis, but no other conditions. The criteria for the use of Extracorporeal Shock Wave Therapy (ESWT) are: 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. The claimant fails at least criterion one of the evidence based guide; the request is appropriately not medically necessary.