

Case Number:	CM15-0134363		
Date Assigned:	07/22/2015	Date of Injury:	04/27/2011
Decision Date:	08/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/11/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 27 year old male, who sustained an industrial injury on April 27, 2011. The injured worker was diagnosed as having calcifying tendinitis of shoulder, carpal tunnel syndrome, other internal derangement of the knee and other affections of shoulder region not elsewhere classified. Treatment to date has included magnetic resonance imaging (MRI), chiropractic treatment and medication. A progress note dated June 8, 2015 provides the injured worker complains of neck pain with numbness, left shoulder bilateral wrist and hand pain and left knee pain. He also reports anxiety, harassment at work, mood changes and depression. Physical exam notes tenderness to palpation of the neck, upper extremities and left knee. There is decreased range of motion (ROM) of the right shoulder and neck. There is full range of motion (ROM) of the left knee with positive McMurray's sign. Magnetic resonance imaging (MRI) was reviewed revealing left shoulder impingement, possible right wrist ligament tear and left wrist tendinitis. The plan includes shockwave therapy, occupational medicine evaluation and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy to left shoulder, left knee, bilateral hand/wrist 1 time a week for 3-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 11th edition (web) 2013, updated 05/04/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and knee section, Extracorporeal shock wave therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, extracorporeal shock wave therapy to the left shoulder, left knee, bilateral hand and wrist one time per week for 3 to 6 weeks is not medically necessary. Extracorporeal shockwave therapy is recommended for calcified tendinitis but not for other shoulder disorders. Extracorporeal shock wave therapy is under study for patellar tendinopathy and long bone hypertrophic non-unions. In this case, the injured worker's working diagnoses are cervicalgia; left shoulder impingement and tendinitis; left wrist/hand carpal tunnel syndrome; right wrist/hand carpal tunnel syndrome; left knee internal derangement; and depressive disorder. The date of injury is April 27, 2011. The request authorization is June 8, 2015. According to progress note dated June 8, 2015, the injured worker has subjective complaints of severe neck pain, left shoulder/arm pain and left hand/wrist pain. Objectively, there is tenderness to palpation with limited painful range of motion at the cervical spine, upper extremities and knee. Extracorporeal shock wave therapy is indicated/recommended for calcified tendinitis of the shoulder. It is not indicated for other shoulder disorders. There is no documentation of calcified tendinitis in the medical record. Additionally, extracorporeal shock wave therapy is understudy for patellar tendinopathy and long bone hypertrophic non-unions. There is no documentation of patellar tendinopathy. Consequently, absent guideline recommendations to support the present set of facts with no documentation of calcified tendinitis, extracorporeal shock wave therapy to the left shoulder, left knee, bilateral hand and wrist one time per week for 3 to 6 weeks is not medically necessary.