

<b>Case Number:</b>	CM15-0141775		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	09/08/2000
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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, Pain Management

### 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 65 year old male, who sustained an industrial injury on 9-8-2000. He reported falling on steps, landing on his hands and injuring his shoulders. Diagnoses have included status post left shoulder latissimus dorsi flap reconstruction (2011), bilateral shoulder subacromial bursitis, recurrent right carpal tunnel symptoms and calcific tendinitis-tendinopathy left shoulder. Treatment to date has included surgery, physical therapy, magnetic resonance imaging (MRI), injections and medication. According to the progress report dated 6-11-2015, the injured worker complained of right wrist-hand pain rated seven out of ten. He complained of increasing left shoulder pain rated eight out of ten. He complained of right shoulder pain rated three out of ten. Exam of the left shoulder revealed healed incisions with no signs of infection. There were mild, subacromial bursitis symptoms. Authorization was requested for extracorporeal shockwave therapy for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shock wave therapy (ESWT) left shoulder x 3 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) Procedure Summary online version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 203.

**Decision rationale:** Regarding the request for extracorporeal shockwave therapy, Occupational Medicine Practice Guidelines support the use of extracorporeal shock wave therapy for calcified tendinitis of the shoulder. Within the documentation available for review, the provider mentions calcific tendinitis, but there are no imaging findings suggestive of this diagnosis. As such, the currently requested extracorporeal shock wave therapy is not medically necessary.