

<b>Case Number:</b>	CM15-0141947		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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 65 year old female, who sustained an industrial injury on 1-22-2014. Diagnoses include rotator cuff pathology and calcific tendinitis left shoulder and protrusion C5-6 with left cervical radiculopathy. Treatment to date has included left shoulder surgery on November 3, 2014, as well as conservative measures consisting of NSAIDs, physical therapy, injections, ice, home exercise, and activity modification. Current medications include Tramadol. Per the Primary Treating Physician's Progress Report dated 6-11-2015, the injured worker reported an initial improvement after left shoulder surgery but now worsening with a decline in range of motion. She also reported cervical pain with upper extremity symptoms rated as 6 out of 10 in severity. Physical examination revealed left shoulder abduction 90 degrees, forward flexion 90 degrees, external rotation 40 degrees and internal rotation 40 degrees. There was atrophy of the deltoid musculature, swelling of the left shoulder and pain with range of motion assessment. Cervical spine examination revealed tenderness and decreased ranges of motion. The plan of care included, and authorization was requested, for extracorporeal shockwave therapy (ESWT).

### 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) (3) left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated treatment/Disability Duration Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extracorporeal shockwave therapy (ESWT), pages 915-916.

**Decision rationale:** While Extracorporeal shock wave therapy may be indicated for calcific tendinitis, there are no high-quality randomized clinical studies showing long term efficacy. ESWT may be a treatment option for calcifying tendinitis in patients with at least three failed conservative treatment trials for over six months; however, it is not recommended for chronic shoulder disorders, rotator cuff tears or osteoarthropathies, as presented here with rotator cuff pathology s/p shoulder arthroscopy. ESWT is also contraindicated in pregnant women, younger patients, and those with blood clotting diseases, active infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage, or in patients with cardiac pacemakers or those who had previous surgery. Submitted reports have not demonstrated clear diagnosis, symptom complaints or clinical findings to support for this treatment under study nor is there evidence of failed conservative trials, new acute injury or progressive deterioration in ADLs to support for the treatment outside guidelines criteria. The Extracorporeal Shock Wave Therapy (ESWT) (3) left shoulder is not medically necessary and appropriate.