

<b>Case Number:</b>	CM15-0142997		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: 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:

This 54 year old woman sustained an industrial injury on 4-7-2011. The mechanism of injury is not detailed. Diagnoses include right shoulder internal derangement, cervical disc, lumbar disc, right medial epicondylitis with ulnar neuropathy, bilateral carpal tunnel syndrome, and post-traumatic anxiety and depressive disorder. Treatment has included oral medications and acupuncture. Physician notes dated 6-24-2015 show complaints of neck, right shoulder pain with radiation to the right hand, and right elbow pain with radiation to the right finger with numbness and tingling, mid and low back pain with radiation to the right hand and bilateral feet. Recommendations include orthopedic consultation, shockwave therapy, pain management consultation, and continue current medications regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro-Shock Wave Therapy, Right Shoulder, Elbow and Wrist, once a week for five weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Extracorporeal Shock Wave Therapy (ESWT) Section.

**Decision rationale:** The MTUS guidelines do not address the use of shock wave therapy for the shoulder. Per the ODG, Electro-shock wave therapy is recommended for calcifying tendinitis but not for other shoulder disorders. There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. For nonspecific chronic shoulder pain, supervised exercises are more effective than shockwave treatment, according to this RCT. The investigators found a treatment effect favoring supervised exercises at 6, 12, and 18 weeks, and compared with the shockwave-treatment group, the group treated with supervised exercises had a significantly higher proportion of patients who improved in terms of shoulder pain and disability scores (64% vs. 36%; odds ratio 3.2). Additional treatment between 12 and 18 weeks was needed in more patients in the shockwave-treatment group than in the exercise group, and fewer patients returned to work. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 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. In this case, the injured worker has not been diagnosed with calcifying tendinitis, therefore, the request for electro-shock wave therapy, right shoulder, elbow and wrist, once a week for five weeks is determined to not be medically necessary.