

Case Number:	CM15-0145643		
Date Assigned:	08/06/2015	Date of Injury:	12/05/2012
Decision Date:	09/02/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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 56 year old female who sustained an industrial injury on December 05, 2012. A recent primary treating office visit dated June 11, 2015 reported subjective complaint of increased left shoulder pain with noted decreased range of motion and increased pain. The patient is status post left shoulder surgery in 2013. She is also with subjective complaint of having left knee, left ankle, cervical and left elbow pains. She states that the use of a topical compound agent works well offering significant diminution in pain and improved tolerance to activity. She even noted improved range of motion. The following diagnoses were applied: status post left shoulder surgery, remote; persistent impingement, rotator cuff tendinopathy, calcific tendonitis, left shoulder; left elbow lateral epicondylitis; left radial tunnel syndrome; lumbar myofascial pain; cervical myofascial pain; rule out cervical radiculopathy; left ankle chronic ligamentous strain and sprain, and left knee pain, rule out internal derangement. Previous treatment to include: activity modification, physical therapy, home exercise, non-steroidal anti-inflammatory agents, ice application, and injections. There is formal recommendation to administer extra-corporeal shockwave therapy treating refractory calcifying tendinitis, left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra-corporeal shock wave therapy to treat refractor calcifying tendinitis left shoulder, 3 sessions utilizing the ESWT device, 2000 shocks at the level 2 (1.4) per treatment sessions:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter, (acute and chronic).

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. 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 symptom complaints or confirmed 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 Extra-corporeal shock wave therapy to treat refractor calcifying tendinitis left shoulder, 3 sessions utilizing the ESWT device, 2000 shocks at the level 2 (1.4) per treatment sessions is not medically necessary and appropriate.