

Case Number:	CM15-0146782		
Date Assigned:	08/07/2015	Date of Injury:	02/16/2012
Decision Date:	09/04/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 36 year old male, who sustained an industrial injury on 2-16-12. The injured worker has complaints of low back pain with left greater than right lower extremity symptoms, left shoulder pain and cervical pain with left upper extremity symptoms. The documentation noted lumbar spine tenderness and a positive straight leg raise left for pain to foot at 35 degrees and right for pain to distal calf at 40 degrees. There is left shoulder and cervical spine tenderness and cervical spine has limited range of motion with pain. The diagnoses have included status post left shoulder arthroscopic subacromial decompression; left L5 and S1 (sacroiliac) radiculopathy and cervical pain with left upper extremity symptoms. Treatment to date has included topical antiepileptic drug, gabapentin; duloxetine; hydrocodone; nonsteroidal anti-inflammatory drugs (NSAIDs); cyclobenzaprine; left arthroscopic subacromial decompression times two; physical therapy; home exercise program; ice and injections. The request was for extracorporeal shockwave therapy times three sessions 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 shockwave therapy times three sessions for the 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The ACOEM chapter on shoulder complaints states: Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral. Some medium quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The patient does not have the diagnosis of calcifying tendinitis of the shoulder and therefore the request is not medically necessary.