

Case Number:	CM15-0147064		
Date Assigned:	08/10/2015	Date of Injury:	06/09/2014
Decision Date:	09/04/2015	UR Denial Date:	07/13/2015
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: 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 60 year-old female who sustained an industrial injury on 06-09-14. She reported neck and right shoulder pain. The injured worker is diagnosed with cervical spine musculoligamentous strain/sprain, right shoulder strain-strain, right shoulder impingement syndrome-rotator cuff tear, and right shoulder tendinitis-bursitis. Diagnostic testing and treatment to date has included MRI, physical therapy, topical medication, and chiropractic care. Currently, the injured worker complains of neck pain rated as a 7-8 on a visual analog scale of 10 which has increased from 6 out of 10. She has right shoulder pain rated as a 9 which has increased from a 6. The treating physician reports there is tenderness to palpation over the cervical spine paraspinal muscles, and restricted range of motion; Cervical Compression Test is positive. She has tenderness to palpation over the right shoulder; Impingement and Supraspinatus Tests are positive. Current plan of care is to minimize complications associated with the use of narcotic and ant-inflammatory medications. Requested treatments include retrospective extracorporeal shock wave therapy 1 time a week for 4 weeks for the right shoulder. The injured worker is under temporary partial disability. Date of Utilization Review: 07-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective extracorporeal shock wave therapy 1 time a week for 4 weeks for the right 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) Shoulder - Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorpeal Shockwave Therapy (ESWT).

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. ODG further clarifies that extracorporeal shockwave therapy is recommended for calcified tendinitis of the shoulder but not for other shouldered disorders. Within the documentation available for review, there is no identification of a diagnosis of calcified tendinitis. As such, the currently requested extracorporeal shock wave therapy is not medically necessary.