

<b>Case Number:</b>	CM15-0147503		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Texas, New York, 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:

The applicant is a represented 38-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 31, 2013. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve a request for three sessions of extracorporeal shock wave therapy for the shoulder. The claims administrator referenced a July 6, 2015 RFA form in its determination and an associated progress note of June 8, 2015. Non- MTUS ODG Guidelines were invoked in conjunction with the MTUS Guideline in ACOEM Chapter 9. The claims administrator contended that the attending provider had failed to establish a diagnosis of calcifying tendonitis for the shoulder for which the extracorporeal shock wave therapy in question would be indicated. The applicant's attorney subsequently appealed. On June 8, 2015, the applicant reported ongoing complaints of shoulder pain, 8/10, with derivative complaints of depression. The applicant was given diagnosis of shoulder pain status post shoulder surgery versus adhesive capsulitis versus calcifying tendonitis. Extracorporeal shock wave therapy was endorsed, along with tramadol, a psychological consultation, naproxen, Protonix, and Norco. The note was very difficult to follow and comprised, in large part, of cited guidelines. The applicant was placed off work, on total temporary disability. On an operative report of February 16, 2015, the applicant received a shoulder subacromial decompression, arthroscopic debridement of partial-thickness rotator cuff tear, arthroscopic partial distal claviclectomy, arthroscopic synovectomy-bursectomy, and debridement of SLAP tear to ameliorate postoperative diagnoses of left shoulder chronic impingement, AC joint degenerative changes and SLAP lesion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Shock wave therapy to the left shoulder, #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. 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 rationale:** No, the request for three sessions of extracorporeal shock wave therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that some medium quality evidence does support usage of extracorporeal shock wave therapy for applicants who carry specific diagnosis of calcifying tendonitis of the shoulder. Here, however, it was not clearly established that the applicant in fact had an established diagnosis of calcifying tendonitis of the shoulder. An earlier operative report of February 16, 2015 made no mention of the claimant having a calcifying tendonitis about the shoulder or calcific deposits present as of that date. The attending provider's June 8, 2015 progress note did not clearly state how the diagnosis of calcifying tendonitis had been arrived upon or established. It did not appear that the applicant had operative or radiographic evidence of calcifying tendonitis for which the shock wave therapy in question would have been indicated. Therefore, the request was not medically necessary.