

Case Number:	CM15-0147541		
Date Assigned:	08/11/2015	Date of Injury:	02/13/2009
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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:

The injured worker is a 59 year old male who sustained an industrial injury on 2-13-2009. Diagnoses include right shoulder pain rule out left shoulder impingement or rotator cuff pathology and Low back pain with bilateral L5 and S1 radiculopathy (electro diagnostically positive) and imaging showing protrusion of 3mm at L4-5 and 2mm at L5-S1. Shoulder x-ray from a July 2013 note reported no evidence of soft tissue calcifications in the shoulder. Treatment to date has included surgical intervention (left shoulder arthroscopy, undated), as well as diagnostic tests, physical therapy, lumbar epidural steroid injection, chiropractic therapy, trigger point injections, medications, ice application and a home exercise program. Per the Primary Treating Physician's Progress Report dated 5-19-2015, the injured worker reported continued low back pain (8/10) with radiation into lower extremities, left shoulder pain (7/10) and right shoulder pain (5/10). Medications help with activities of daily living. Physical examination revealed tenderness of the lumbar spine with decreased range of motion with pain and spasm of the lumboparaspinals musculature. There was also tenderness over the acromioclavicular joint and anterior aspect of both shoulders with limited range of motion. The plan of care included extracorporeal shockwave therapy (ESWT). Authorization was requested for outpatient ESWT x 5 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Extracorporeal Shockwave Therapy x 5 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation 1) Bannuru, RR; Flavin, NE; Vaysbrot, E; Harvey, W; McAlindon, T. High-energy extracorporeal shock-wave therapy for treating chronic calcific tendinitis of the shoulder: a systematic review. *Ann Intern Med.* 2014 Apr 15;160 (8): 542-9. 2) Mouzopoulos G1, Stamatakos M, Mouzopoulos D, Tzurbakis M. Extracorporeal shock wave treatment for shoulder calcific tendonitis: a systematic review. *Skeletal Radiol.* 2007 Sep;36(9):803-11. Epub 2007 Apr 6. 3) American Academy of Orthopaedic Surgeons. Optimizing Management of Rotator Cuff Problems: Guideline and Evidence Report. Dec 2010.

Decision rationale: Extracorporeal shockwave therapy (ESWT) is a method of treatment for multiple tendonopathies. Although its medical value is disputed, there are a growing number of random controlled studies showing its effectiveness for treating chronic calcific tendinitis of the shoulder, plantar fasciitis and tennis elbow. ESWT is also commonly used for treating orthopedic problems in horses, including tendon and ligament injuries, kissing spine, navicular syndrome, and arthritis. It is thought to work by a repeated shock wave creating microtrauma thus stimulating neo-vascularization (new blood flow) into the area treated. This new blood flow promotes tissue healing. The ACOEM guidelines suggest it as a treatment option for treating calcific tendinitis of the shoulder. This patient has not been diagnosed as having calcific tendonitis of the shoulder. There is no guideline promoting its use for shoulder impingement syndrome. The use of this treatment is not medically necessary.