

Case Number:	CM15-0148099		
Date Assigned:	08/11/2015	Date of Injury:	06/09/2014
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 53 year old female, who sustained an industrial injury on 06-09-2014, secondary to rinsing a mop she experienced a pop and pain in left shoulder. On provider visit dated 06-29-2015, the injured worker has reported left shoulder pain. On examination of the left shoulder revealed tenderness to palpation over the acromioclavicular joint, supraspinatus tendon and subacromial region. Impingement test was positive. Cross arm test was noted as positive as well. Range of motion was measured as flexion 150 degrees, extension 42 degrees, abduction 155 degrees, adduction 45 degrees, internal rotation 70 degrees and external rotation 68 degrees. The diagnoses have included cervical spine sprain-strain-spondylosis with left upper extremity radiculitis and status post left shoulder arthroscopy performed on 11-28-2014. Treatment to date has included physical therapy, injections, surgical interventions, acupuncture and medications. The provider requested unknown sessions of extracorporeal shockwave therapy to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown sessions of extracorporeal shockwave therapy to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Extracorporeal shockwave therapy (ESWT) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Shock Wave Therapy Section.

Decision rationale: The MTUS Guidelines do not address the use of extracorporeal shock wave therapy to the shoulder. The ODG does not address the use of extracorporeal shock wave therapy to the shoulder but it does address the therapy in regards to the low back. The ODG does not recommend the use of shock wave therapy in any body part, as the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain or other pain. Additionally, there is no quantity of sessions associated with this request. As shock wave therapy is not supported by the guidelines, the request for unknown sessions of extracorporeal shockwave therapy to the left shoulder is determined to not be medically necessary.