

<b>Case Number:</b>	CM15-0148739		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	09/30/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Arizona, California

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 51 year old female who sustained an industrial fall injury on 09-30-2012. The injured worker was diagnosed with rotator cuff tendinopathy, early calcific tendinitis, adhesive capsulitis, carpal tunnel syndrome, lumbar spondylosis and rule out lumbar radiculopathy. The injured worker is status post right shoulder arthroscopy with subacromial decompression, rotator cuff debridement and partial excision of the distal clavicle in April 2014. Treatment to date has included diagnostic testing, surgery, chiropractic therapy, and acupuncture therapy, injection to the right shoulder, lumbar epidural steroid injection, physical therapy, ice therapy, home exercise program and medications. According to the primary treating physician's progress report on June 22, 2015, the injured worker continues to experience right shoulder pain and low back pain rated at 7 out of 10 on the pain scale. Examination demonstrated tenderness and swelling to the right shoulder with atrophy of the right deltoid. Range of motion was documented as flexion at 80 degrees, abduction at 70 degrees, external rotation at 50 degrees and internal rotation at 40 degrees. Strength was 4 out of 5 in all planes. The lumbar spine was tender with decreased range of motion documented as flexion at 40 degrees, extension at 30 degrees, bilateral lateral tilt and bilateral rotation at 35 degrees each. The right extensor hallucis longus and right eversion muscle was 4 plus out of 5. The left extensor hallucis longus muscle and eversion was 5 minus out of 5 with positive straight leg raise bilaterally for pain to the foot at 35 degrees. There was lumbar paraspinal muscle spasm noted. Current medications were listed as Hydrocodone and Celebrex. Treatment plan consists of discontinuing Naproxen and Ibuprofen due to nausea and the current request for extracorporeal shockwave therapy for the right shoulder times 3 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**3 sessions of extracorporeal shockwave therapy for the right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter and pg 15.

**Decision rationale:** According to the guidelines, shock wave therapy is recommended for Calcifying tendonitis: For patients with calcifying tendinitis of the shoulder with inhomogenous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. In this case, the claimant was noted to have tendonitis on MRI identified by a neurosurgeon. The requesting physician had noted a diagnosis of calcifying tendonitis in the diagnosis. Based on the information provided the 3 sessions of shock wave is medically necessary and appropriate.