

Case Number:	CM15-0160133		
Date Assigned:	08/26/2015	Date of Injury:	10/17/2008
Decision Date:	09/29/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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, Florida, 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 38 year old male who sustained a work related injury October 17, 2008. While lifting a trucks ramp, he felt immediate pain to the neck, left shoulder, left upper extremity, left wrist-hand, and low back. Past history included status post right radial tunnel decompression. According to a physician's follow-up consultation, dated July 10, 2015, the injured worker presented with complaints of left shoulder pain, rated 7 out of 10. Recent physical therapy for the left shoulder did result in decreased pain and range of motion was unchanged. Objective findings included; tenderness left shoulder and anterior aspect and at the AC (acromioclavicular) joint; left shoulder flexion 110 degrees, abduction 100 degrees, no acute distress. Diagnoses are left shoulder acromioclavicular osteoarthopathy, tendinopathy, calcific tendinitis; adhesive capsulitis, left shoulder. At issue, is the request for extracorporeal shockwave therapy, left shoulder, 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy, Left Shoulder, 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, under Extracorporeal Shock Wave Therapy.

Decision rationale: This claimant was injured 7 years ago lifting. Past history included status post right radial tunnel decompression. According to a physician's follow-up consultation, dated July 10, 2015, the injured worker presented with complaints of left shoulder pain, rated 7 out of 10. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG recommends this procedure for the shoulder only for calcific tendinitis, but no other conditions. The criteria for the use of Extracorporeal Shock Wave Therapy (ESWT) are: 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. The claimant fails at least criterion 1 of the evidence-based guide; the request is not medically necessary.