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| Case Number: | CM15-0160583 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 03/25/2013 |
| Decision Date: | 09/29/2015 | UR Denial Date: | 07/20/2015 |
| 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male who sustained an industrial injury on March 25, 2013. An orthopedic follow up dated June 22, 2015 reported subjective complaint of right shoulder pain and noted decline in range of motion and activity and or function since surgery in August 2014. Previous treatment to include: home exercise, activity modification, injections, anti-inflammatory agent, ice application, medications, surgery. She also has left shoulder pain, neck pain. Current medications include: Hydrocodone, Naproxen, Pantoprazole, and Flexeril. Objective assessment noted right shoulder tender to palpation; without infection; positive for swelling; atrophy of right deltoid musculature and range of motion: flexion at 80 degrees, external rotation at 50 degrees and internal at 40 degrees. There is noted diffuse tenderness to left shoulder; cervical spine noted tender. The following diagnoses were applied: status post revision rotator cuff repair and acromioplasty April 25, 2014; tendinopathy and calcific tendinitis right supraspinatus; left shoulder compensatory impingement; cervical myofascial pain, and rule out cervical radiculopathy. There is noted formal request for extracorporeal shockwave therapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave therapy, Right Shoulder, 3 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Extracorporeal Shock Wave Therapy (ESWT). 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, Extracorporeal shockwave therapy (ESWT), pages 915-916.

Decision rationale: While Extracorporeal shock wave therapy may be indicated for calcific tendinitis, there are no high-quality randomized clinical studies showing long term efficacy. ESWT may be a treatment option for calcifying tendinitis in patients with at least three failed conservative treatment trials for over six months; however, it is not recommended for chronic shoulder disorders, rotator cuff tears or osteoarthropathies. ESWT is also contraindicated in pregnant women, younger patients, and those with blood clotting diseases, active infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage, or in patients with cardiac pacemakers or those who had previous surgery. Submitted reports have demonstrated clear diagnosis, symptom complaints and clinical findings to support for this treatment as there evidence of failed conservative trials of therapy, injections, and medications with progressive deterioration in ADLs to support for the treatment as per guidelines criteria. The Extracorporeal Shock Wave therapy, Right Shoulder, 3 sessions is medically necessary and appropriate.