

Case Number:	CM15-0161189		
Date Assigned:	08/28/2015	Date of Injury:	05/15/2014
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/18/2015

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 32 year old female who sustained an industrial injury on 05-15-2014. She has reported injury to the left arm and hand. The diagnoses have included cervical pain; cervical disc protrusion; cervical stenosis; cervical strain; cervical myofascial pain syndrome; thoracic disc herniation-protrusion; thoracic myofasciitis; thoracic stenosis; left parascapular myofascial pain syndrome; left shoulder impingement syndrome; lateral epicondylitis, left elbow; lumbar pain; lumbar disc protrusion; lumbar stenosis; lumbar strain; lumbar myofascial pain syndrome; and chronic pain. Treatment to date has included medications, diagnostics, bracing, splinting, trigger point injection, acupuncture, and extracorporeal shock wave therapy. Medications have included Terocin Patch and Somnicin. A progress report from the treating physician, dated 03-05-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of headaches of the entire head, back of head, and migraines; she complains of her head feeling heavy, loss of memory, and light-headedness; pain in the neck, neck pain with movement, neck feels out of place, stiff neck, muscle spasms and grinding sounds in the neck; mid back pain, and pain between the shoulder blades; low back pain; low back feels out of place, and muscle spasm; pain in the right shoulder; pain in the left shoulder, with tension and muscle spasms; she cannot raise the arm about the shoulder level; she rates her pain at 7 out of 10 on the visual analog scale; and the pain spikes to level 9 with movement. It is noted in the submitted documentation that the injured worker reported some improvement in pain with extracorporeal shock wave therapy treatments. Objective findings included cervical ranges of motion are decreased and painful; there is tenderness to palpation and muscle spasm of the cervical paravertebral muscles, cervicothoracic junction, left trapezius, left upper trapezius, spinous processes, and suboccipitals; foraminal compression is positive bilaterally; there is tenderness to

palpation and muscle spasm of the thoracic spine; lumbar spine ranges of motion are decreased and painful; there is tenderness to palpation and muscle spasm of the lumbar paravertebral muscles, spinous processes, and thoracolumbar junction; and right shoulder and left shoulder ranges of motion are decreased and painful. The treatment plan included the request for extracorporeal shock wave therapy left shoulder. In the provider's progress note dated 06-11-2015 the injured worker reported continued pain in her neck, left shoulder and lower back. Examination showed mild cervical tenderness with full cervical range of motion, diminished sensation in C5 dermatome, normal motor and reflex exam of the upper extremities and negative spurling's test; lumbar spine exam showed lumbar paraspinal tenderness otherwise a normal exam; bilateral shoulder exam showed diffuse pain from neck into shoulders but full shoulder range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra Corporeal Shock Wave therapy left shoulder: 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, Treatment in Workers' Compensation, Extra Corporeal Shock wave Therapy.

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 (ECSWT) 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. ECSWT 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. On average, three consecutive treatments are required to produce maximal therapeutic benefit to the treated tissue although it may take 6 weeks or more to see the healing benefit. The ACOEM guidelines suggest it as a treatment option for treating calcific tendinitis of the shoulder. This patient has already received 6 ECSWT treatments to her left shoulder. Examination performed 3 months after the treatment was completed does not describe ongoing injury in the treated region of the left shoulder. There is no indication for further ECSWT treatments for the left shoulder. Continued use of this treatment modality is not medically necessary.