

Case Number:	CM15-0161266		
Date Assigned:	09/04/2015	Date of Injury:	08/09/2011
Decision Date:	10/08/2015	UR Denial Date:	07/21/2015
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: Texas, 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 33 year old female, who sustained an industrial injury on 8-9-11. She reported pain in her right shoulder and left wrist. The injured worker was diagnosed as having right shoulder impingement and early calcific tendinitis supraspinatus and infraspinatus. Treatment to date has included right shoulder surgery on 1-16-14, post-op physical therapy (at least 20 sessions), a TENS unit, injections and NSAIDs. On 10-30-14, the injured worker indicated she was four months pregnant and was continuing to have right shoulder discomfort. The treating physician noted right shoulder flexion 90 degrees, abduction 90 degrees and external and internal rotation 80 degrees. The treating physician indicated that no additional treatment could be provided at this point due to pregnancy. As of the PR2 dated 6-24-15, the injured worker reports declining range of motion in the right shoulder and 8 out of 10 pain. Objective findings include right shoulder flexion 90 degrees, abduction 80 degrees and external and internal rotation 40 degrees. There is also swelling and atrophy of the right deltoid. The treating physician requested extracorporeal shockwave therapy x 3 sessions for the right shoulder, once a week for 30 minutes per session. The patient's surgical history includes right CTR in March 2013. The patient has had MRI of the left shoulder on 4/17/14 that revealed tendinosis and degenerative changes; EMG of upper extremity on 8/6/15 that revealed mild CTS. Patient is not taking medication as she is breast feeding.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave therapy 3 sessions for the right shoulder, once a week for 30 minutes per each session: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 09/08/15) Extracorporeal shock wave therapy (ESWT).

Decision rationale: ACOEM and CA-MTUS guidelines do not address shock wave therapy. Per the cited guidelines, extracorporeal shockwave treatment is "Recommended for calcifying tendinitis but not for other shoulder disorders". There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. 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), maximum of 3 therapy sessions over 3 weeks. Objective evidence of calcifying tendinitis was not specified in the records provided. Imaging study radiology reports clearly documenting the presence of calcific tendinitis were not specified in the records provided. Per the cited guidelines there was no high grade scientific evidence to support the use of extracorporeal shockwave treatment in the absence of clear evidence of calcific tendinitis. Patient has received an unspecified number of PT visits for this injury. The response to prior conservative treatments including physical therapy or chiropractic therapy was not specified in the records provided. The notes from the previous conservative treatments sessions were not specified in the records provided. The medical necessity of the request for Extracorporeal Shockwave therapy 3 sessions for the right shoulder, once a week for 30 minutes per is not medically necessary or fully established in this patient.