

Case Number:	CM15-0166861		
Date Assigned:	09/04/2015	Date of Injury:	05/03/2015
Decision Date:	10/06/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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: Emergency 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 51 year old female, who sustained an industrial injury on 5-03-2015. Diagnoses include posttraumatic headache, right shoulder adhesive tendinitis, right shoulder bursitis, right shoulder impingement syndrome and right shoulder sprain and strain. Treatment to date has included medications, chiropractic care and diagnostics including magnetic resonance imaging (MRI). Per the Primary Treating Physician's Initial Evaluation and Report dated 7-02-2015, the injured worker reported continuous right shoulder pain rated as 7 out of 10 and headaches that occur 4-5 times per week. Physical examination of the right shoulder revealed decreased range of motion in all planes. There was tenderness to palpation of the anterior shoulder and muscle spasm of the lateral shoulder. Neer's and Hawkin's tests were positive. The plan of care included chiropractic physiotherapy and magnetic resonance imaging (MRI). Authorization was requested for 3 extracorporeal shockwave therapy visits for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy for the right shoulder, 3 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 303.

Decision rationale: The requested extracorporeal shock wave therapy for the right shoulder, 3 visits, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Initial Care, page 203, note, "Some medium quality evidence supports manual physical therapy, ultrasound and high-energy extracorporeal shock wave therapy for calcifying tendonitis of the shoulder. 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." The injured worker has continuous right shoulder pain rated as 7 out of 10 and headaches that occur 4-5 times per week. Physical examination of the right shoulder revealed decreased range of motion in all planes. There was tenderness to palpation of the anterior shoulder and muscle spasm of the lateral shoulder. Neer's and Hawkin's tests were positive. The treating physician has not documented diagnostic or exam evidence of calcific tendonitis nor noted this as a diagnostic impression, nor results of cortisone injections. The criteria noted above not having been met, extracorporeal shock wave therapy for the right shoulder, 3 visits is not medically necessary.