

Case Number:	CM15-0167366		
Date Assigned:	09/08/2015	Date of Injury:	01/10/2013
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/26/2015

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 59 year old female with an industrial injury dated 01-10-2013. Her diagnoses included status post left shoulder arthroscopic sub acromial decompression, left shoulder tendinopathy/calcific tendinitis supraspinatus and infraspinatus and cervical 5-6 radiculopathy secondary to foraminal stenosis. Prior treatment included physical therapy, home exercise, injection, activity modification, non-steroidal anti-inflammatory drugs and ice. She presents on 06-29-2015 with complaints of left shoulder pain, decline in range of motion and a decline in tolerance to a variety of activities. She rates the left shoulder pain as 8 out of 10. The provider documented the injured worker recalled left shoulder refractory to physical therapy, home exercise, injection, activity modification, non-steroidal anti-inflammatory drugs and ice. Documentation also notes the injured worker recalled failed medications due to nausea and vomiting. Physical exam noted left shoulder was tender with swelling and trophy of left deltoid musculature. Flexion and abduction were 80 degree and external and internal rotation was 40 degrees. There was tenderness of the cervical spine. The treatment request is for extracorporeal shockwave therapy once a week for 5 weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy once a week for 5 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: The requested Extracorporeal shockwave therapy once a week for 5 weeks for the left shoulder, 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 left shoulder pain, decline in range of motion and a decline in tolerance to a variety of activities. She rates the left shoulder pain as 8 out of 10. The provider documented the injured worker recalled left shoulder refractory to physical therapy, home exercise, injection, activity modification, non-steroidal anti-inflammatory drugs and ice. Documentation also notes the injured worker recalled failed medications due to nausea and vomiting. Physical exam noted left shoulder was tender with swelling and trophy of left deltoid musculature. Flexion and abduction were 80 degree and external and internal rotation was 40 degrees. There was tenderness of the cervical spine. A 2013 shoulder MRI did not reveal evidence of calcific tendonitis. 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 shockwave therapy once a week for 5 weeks for the left shoulder is not medically necessary.