

<b>Case Number:</b>	CM15-0168165		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 47 year old male, who sustained an industrial injury on January 7, 2014, incurring injuries to the left shoulder and back. He was diagnosed with left shoulder adhesive capsulitis, cervical spondylosis, cervical radiculopathy, lumbar disc disease with disc protrusion and left shoulder calcific tendinitis. Treatment included steroid injections, physical therapy and home exercise program, pain medications, anti-inflammatory drugs, proton pump inhibitor, muscle relaxants, topical analgesics, transcutaneous electrical stimulation and activity modification. Currently, the injured worker complained of increased left shoulder pain rated 8 out of 10 on a pain scale from 1 to 10. He noted persistent low back pain and cervical pain with upper extremity symptoms rated 6 out of 10 on a pain scale. He had diminished sensation and limited range of motion of the lumbar spine and lower extremities. His cervical range of motion was limited with spasms and chronic pain. The continuous pain interfered with the injured worker's activities of daily living. Medications improved his tolerance of certain activities of daily living. The treatment plan that was requested for authorization on August 24, 2015, included extracorporeal shock wave therapy for the left shoulder. On August 21, 2015, utilization review denied the request for shock wave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shock wave therapy x3 to treat refractory calcifying tendinitis of the left shoulder (utilizing the [REDACTED] ESWT Device, 2000 shocks at the level 2 (1.4 bar) per session): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Criteria for the use of 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 not demonstrated clear diagnosis, symptom complaints and clinical findings to support for this treatment without 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 x3 to treat refractory calcifying tendinitis of the left shoulder (utilizing the [REDACTED] ESWT Device, 2000 shocks at the level 2 (1.4 bar) per session) is not medically necessary and appropriate.