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| <b>Case Number:</b>   | CM15-0168709 |                              |            |
| <b>Date Assigned:</b> | 09/09/2015   | <b>Date of Injury:</b>       | 01/17/2012 |
| <b>Decision Date:</b> | 10/08/2015   | <b>UR Denial Date:</b>       | 08/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/27/2015 |

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50 year old female, who sustained an industrial injury on 1-17-12. The injured worker was diagnosed as having C3-C7 stenosis, left shoulder impingement syndrome and left shoulder supraspinatus tendinosis with disc osteophyte. The physical exam (2-26-15 through 4-21-15) revealed left shoulder flexion was 113 degrees, extension was 31 degrees and abduction was 113 degrees. There was also a positive Neer's test. The pain was rated 5-7 out of 10 with medications and 8-9 out of 10 without medications. Treatment to date has included a left shoulder MRI on 4-21-15 showing mild supraspinatus tendinosis and mild acromioclavicular osteoarthritis, physical therapy, Norco, Ibuprofen and Prilosec. As of the PR2 dated 7-20-15, the injured worker reports left shoulder pain. She has already received six sessions of shockwave therapy and feels it has been successful in improving her pain. She rates her pain has decreased from 8 out of 10 to 4 out of 10 and has been able to decrease her Norco from 4 times daily to 3 times daily. Objective findings include a positive impingement sign and palpable tenderness over the left acromioclavicular joint. The treating physician requested shockwave therapy 2 times a week for 3 weeks for the left shoulder. On 8-7-15 the treating physician requested a Utilization Review for shockwave therapy 2 times a week for 3 weeks for the left shoulder. The Utilization Review dated 8-12-15, non-certified the request for shockwave therapy 2 times a week for 3 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:

**Shockwave therapy 2 times a week for 3 weeks for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

**Decision rationale:** According to MTUS guidelines, in the Shoulder Complaints chapter table 9-6, there is no strong evidence supporting the use of physical treatment methods including Extracorporeal Shockwave Therapy for the treatment of shoulder dysfunction. Most of the evidences are level D. Some medium quality evidence supports the use of Extracorporeal Shockwave Therapy for shoulder calcified tendinitis. There is no documentation of left shoulder calcified tendinitis in this case. Therefore the prescription of Shockwave therapy 2 times a week for 3 weeks for the left shoulder is not medically necessary.