

<b>Case Number:</b>	CM15-0183627		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: 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 39 year old female who sustained an industrial injury on 10-20-14. The diagnoses are noted on the request for authorization dated 8-10-15, as depressive disorder not elsewhere classified, chondromalacia patellae, internal derangement knee not elsewhere classified, and derangement not otherwise classified-shoulder. In a progress report dated 8-10-15, the physician notes complaints of constant "moderate" achy left shoulder pain. Exam of the left shoulder reveals tenderness to palpation of the anterior shoulder and positive Neer's and Hawkin's tests. Left shoulder range of motion in degrees is; flexion 160, extension and adduction 50, abduction 150, internal rotation 90, and external rotation is 70. The treatment plan notes a request for extracorporeal shockwave therapy for 3 visits for the left shoulder due to continuing pain despite manual physical therapy, ultrasound, activity modification and failure of non-steroidal anti-inflammatory drugs. In an extracorporeal shockwave procedure report dated 8-17-15, it is noted the injured worker underwent extensive conservative care to the left shoulder including but not limited to physical and manipulating therapy, acupuncture, injections, and medications and she still continues to have significant residual symptoms. It is noted that she tolerated the procedure (8-17-15) well with no complications and that this is the first procedure. Work status is to remain off work until 9-9-15. The requested treatment of 3 sessions of extracorporeal shockwave therapy for the left shoulder was non-certified on 8-21-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 sessions of extracorporeal shockwave therapy for the left shoulder: 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) Shoulder, (Acute & Chronic) Extracorporeal shockwave therapy (ESWT) 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Extracorporeal Shockwave Treatment (ESWT).

**Decision rationale:** The patient was injured on 10/20/14 and presents with pain in her cervical spine, lumbar spine, right/left shoulder, right elbow, right/left wrist, and right/left knee. The request is for 3 sessions of extracorporeal shockwave therapy for the left shoulder due to continuing pain despite manual physical therapy, ultrasound, and activity modification as well as failure of NSAIDS. The RFA is dated 08/10/15 and the patient is to remain off of work until 09/09/15. The patient had her first extracorporeal shockwave treatment on 08/17/15. ODG Guidelines, Shoulder Chapter, under Extracorporeal Shockwave Treatment (ESWT) states: Recommended for calcifying tendinitis, but not for other disorders, for patients with calcifying tendinitis of the shoulder in homogeneous deposits, quality evidence have found extracorporeal shock wave therapy equivalent or better than surgery and it may be given priority because of its non-invasiveness. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) 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). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. The patient's left shoulder has a limited range of motion, tenderness to palpation of the anterior shoulder, a positive Hawkin's test, and a positive Neer's test. She is diagnosed with left shoulder labral tear, left shoulder bursitis, and left shoulder impingement syndrome. The provider is requesting for 3 sessions of extracorporeal shockwave therapy for the left shoulder due to continuing pain despite manual physical therapy, ultrasound, and activity modification as well as failure of NSAIDS. The 08/17/15 ECSWT treatment report states that the patient "underwent extensive conservative care to the left shoulder including but not limited to physical and manipulating therapy, acupuncture, injections, and prescribed medications." While MTUS and ACOEM guidelines do not discuss shockwave therapy, ODG guideline does provide support for patients with shoulder calcifying tendinitis. In this case, there is no evidence provided that the patient has calcifying tendinitis, and the patient does not have a diagnosis for which this modality would be indicated. Therefore, the request is not medically necessary.