

Case Number:	CM15-0186362		
Date Assigned:	09/28/2015	Date of Injury:	10/28/2012
Decision Date:	11/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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 66 year old female, who sustained an industrial injury on October 28, 2012. The injured worker was diagnosed as having status post right shoulder surgery on December 15, 2014. Treatment and diagnostic studies to date has included above noted procedure, medication regimen, shockwave therapy, x-ray of the right shoulder, and home exercise program. In a progress note dated August 21, 2015 the treating physician reports complaints of a "tight shoulder" that has decreased with "marked improvement" and an increase in strength to the right shoulder. Examination performed on August 21, 2015 was revealing for tenderness to the right shoulder, decreased range of motion to the shoulder, along with the treating physician noting, "interval improvement" and "motor improved" at 5 minus 5 of all planes of the right shoulder. On August 21, 2015 the treating physician noted that the injured worker had at least two prior sessions of shockwave therapy to the right shoulder that was remarkable for an "significant" increase in range of motion, decrease in the use of Tramadol from 2 to 3 to 2 to 1, discontinuation of the medication of Hydrocodone, and a decrease in the pain level by 3 points out of 10, but the progress note did not indicate the injured worker's numeric pain level as noted on a visual analog scale. On August 21, 2015, the treating physician requested three additional sessions of shockwave therapy to the right shoulder to continue to increase the injured worker's activity level and function, decrease the pain level, and to advance the disability status to permanent and stationary. On September 16, 2015, the Utilization Review denied the request for three sessions of shockwave therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 sessions of shockwave therapy for the right 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 (updated 09/08/15) Online Version.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification, Work Activities, Follow-up Visits. 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 or clinical findings to support for this treatment under study nor is there evidence of failed conservative trials, new acute injury, progressive deterioration in ADLs, or specific significant decrease in VAS pain level, increased ADLs, and decreased medication profile and medical utilization from treatment previously rendered to support for the treatment outside guidelines criteria. The 3 sessions of shockwave therapy for the right shoulder is not medically necessary and appropriate.