

Case Number:	CM15-0190705		
Date Assigned:	10/02/2015	Date of Injury:	02/17/2014
Decision Date:	11/13/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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 46 year old male, who sustained an industrial injury on 2-17-2014. The medical records indicate that the injured worker is undergoing treatment for right shoulder sprain-strain, right shoulder tendinosis, right shoulder impingement syndrome, and right shoulder synovial plica. According to the progress report dated 7-31-2015, the injured worker presented with complaints of constant right shoulder pain, associated with limited range of motion. The pain is described as aching, sharp, numbness, and burning. On a subjective pain scale, he rates his pain 8 out of 10. The pain is increased to 9 out of 10 with repetitive lifting, pushing, pulling, flexion, abduction, gripping, and overhead work. The physical examination of the right shoulder reveals tenderness to palpation over the anterior, posterior, and lateral aspects. There is tenderness to palpation over the biceps muscles, biceps tendon groove, deltoid muscle, rotator cuff, acromion process, and acromioclavicular joint. There is restricted range of motion noted. Neer's impingement, Codman's arm drop, and supraspinatus tests are positive. There is decreased motor strength (4 out of 5). There is diffuse and decreased sensation in the right upper extremity. The current medications are Motrin, Omeprazole, and Xanax. Previous diagnostic studies include MRI arthrogram of the right shoulder. MRI report from 3-10-2015 shows occult full thickness tear supraspinatus tendon at its insertion without evidence of tendinous retraction. Treatments to date include medication management and chiropractic. Work status is described as temporarily totally disabled. The original utilization review (9-4-2015) had non-certified a request for Synvisc injection to the right shoulder and 4 extracorporeal shockwave therapy of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection for 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 (Acute & Chronic).

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 Hyaluronic acid injections.

Decision rationale: The current request is for synvisc injection for right shoulder. The RFA is from 07/31/15. Treatment history includes chiropractic treatments, physical therapy, and medications. Work status is reported as temporarily totally disabled. ODG guidelines, Shoulder Chapter, under Hyaluronic acid injections states, not recommended, based on recent research in the shoulder, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. According to the progress report 07/31/15, the patient presents with complaints of constant right shoulder pain, associated with limited range of motion. The pain is described as aching, sharp, with numbness, and burning. The physical examination revealed tenderness to palpation over the anterior, posterior, and lateral aspects. There is tenderness to palpation over the biceps muscles, biceps tendon groove, deltoid muscle, rotator cuff, acromion process, and acromioclavicular joint. Neer's impingement, Codman's arm drop, and supraspinatus tests are positive. There is decreased motor strength (4 out of 5), and there is diffuse and decreased sensation in the right upper extremity. Treatment plan included medications, Synvisc injection and ESWT for the right shoulder. In this case, Hyaluronic acid injections are not recommended for the shoulder. ODG states that magnitude of improvement appears modest at best. Given the lack of support from guidelines, the request is not medically necessary.

Four (4) extracorporeal shockwave therapy of the right shoulder: Upheld

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

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.

Decision rationale: The current request is for four (4) extracorporeal shockwave therapy of the right shoulder. Treatment history includes chiropractic treatment, physical therapy, and medications. Work status is reported as temporarily totally disabled. 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. According to the progress report 07/31/15, the patient presents with complaints of constant right shoulder pain, associated with limited range of motion. The pain is described as aching, sharp, with numbness, and burning. The physical examination revealed tenderness to palpation over the anterior, posterior, and lateral aspects. There is tenderness to palpation over the biceps muscles, biceps tendon groove, deltoid muscle, rotator cuff, acromion process, and acromioclavicular joint. Neer's impingement, Codman's arm drop, and supraspinatus tests are positive. There is decreased motor strength (4 out of 5), and there is diffuse and decreased sensation in the right upper extremity. Treatment plan included medications, Synvisc injection and ESWT for the right shoulder. Current diagnoses include right shoulder sprain-strain, right shoulder tendinosis, right shoulder impingement syndrome, and right shoulder synovial plica. MRI report from 03/10/15 showed occult full thickness tear supraspinatus tendon at its insertion without evidence of tendinous retraction. While MTUS and ACOEM guidelines do not discuss shockwave therapy, ODG guideline does provide support for patients with calcifying tendinitis of the shoulder. 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.