

Case Number:	CM15-0192889		
Date Assigned:	10/07/2015	Date of Injury:	10/02/2014
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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 57 year old male who sustained an industrial injury on 10-2-2014. A review of medical records indicates the injured worker is being treated for right shoulder rotator cuff pathology-impingement-adhesive capsulitis, calcific tendinitis, right shoulder, cervical sprain strain, thoracic sprain strain, lumbar sprain strain, and bilateral knee contusion. Medical records dated 8-24-2015 rated right hand pain a 7 out of 10, right shoulder pain, worsening at a 9 out of 10, cervical pain a 5 out of 10, thoracic pain a 3 out of 10, and low back pain a 5 out of 10. Pain was the same at the previous visit. Physical examination noted tenderness to the right shoulder with positive impingement sign. Right shoulder flexion was at 70 degrees, abduction at 70 degrees, external rotation at 50 degrees, and internal rotation at 50 degrees. There was tenderness to the cervical, thoracic, and lumbar spine with limited range of motion. Treatment has included Cyclobenzaprine, Tramadol, Naproxen, and Protonix since at least 6-1-2015. Utilization review form dated 9-24-2015 non-certified Extracorporeal shockwave therapy times 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy x 3 sessions: 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 (Acute & Chronic) Chapter, under Extracorporeal shock wave therapy.

Decision rationale: The patient presents with right shoulder pain. The request is for Extracorporeal shockwave therapy x 3 sessions. Physical examination to the right shoulder on 06/29/15 revealed tenderness to palpation. There were positive impingement signs and positive Jobe test. Atrophy of the right deltoid musculature was noted. Patient's treatments have included medication, physical therapy, image studies, and corticosteroid injections. Per 08/24/15 progress report, patient's diagnosis include right shoulder rotator cuff pathology/impingement/adhesive capsulitis; calcific tendinitis, right shoulder; cervical sprain/strain; thoracic sprain/strain; lumbar sprain/strain; bilateral knee contusion. Patient's medications, per 08/03/15 progress report include Cyclobenzaprine, Tramadol, Naproxen, and Pantoprazole. Per 08/24/15 progress report, patient is temporarily totally disabled for 4 weeks. ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under Extracorporeal shock wave therapy (ESWT) states: "Recommended for calcifying tendinitis but not for other shoulder disorders. Calcifying tendonitis: For patients with calcifying tendinitis of the shoulder with inhomogenous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its non-invasiveness. (Rompe, 2001) (Haake, 2002) (Haake, 2001) (Pan, 2003) (Wang, 2003) (Cosentino, 2003) (Lowe, 1999) (Pleiner, 2004) (Moretti, 2005) In treating calcifying tendonitis, both high-energy and low-energy ESWT provide a beneficial effect on shoulder function, as well as on self-rated pain and diminished size of calcifications, but high- energy ESWT appears to be superior to low-energy ESWT." 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. In a progress report dated 08/24/15, the treater is requesting extracorporeal shock wave therapy to treat refractory calcifying tendinitis right shoulder, three sessions, utilizing the EMS Swiss Dolor Clast ESWT device, 2000 shocks at the level 2 (1.4 Bar) per treatment session. MRI of the right shoulder from 02/10/15 showed a partial synovial surface tear involving the infraspinatus with tendinopathy of the supraspinatus, infraspinatus, and possible partial tears involving the bursal surfaces with type 3 acromion, with increased risks for impingement and non-displaced tear of the superior labrum. In this case, the patient continues with pain in the right shoulder and is diagnosed with right shoulder rotator cuff pathology/impingement/adhesive capsulitis and calcific tendinitis, right shoulder. The patient has failed conservative therapy, in the form of NSAID's physical therapy, and corticosteroid injections to the right shoulder. ODG Guidelines support extracorporeal shock wave therapy for patients diagnosed with calcifying tendinitis who have trialed at least three conservative treatments prior to use of ESWT, including rest, ice, NSAIDs, orthotics, physical therapy, and injections (Cortisone). However, the provided reports do not include any X-ray or MRI reports verifying calcifying tendinitis of the right shoulder. The request is not medically necessary.