

Case Number:	CM15-0196766		
Date Assigned:	10/12/2015	Date of Injury:	04/16/1994
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 71-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of April 16, 1994. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for four sessions of extracorporeal shockwave therapy for the shoulders. An RFA form dated September 18, 2015 and an associated September 16, 2015 office visit were referenced in the determination. The applicant's attorney subsequently appealed. On said September 18, 2015 RFA form, extracorporeal shockwave therapy, a topical compounded medication, and an orthopedic office visit were sought. On an associated September 16, 2015 office visit, the applicant reported multifocal complaints of neck, shoulder, mid back, low back, and knee pain with derivative complaints of insomnia, anxiety, and psychological stress. The applicant was using a cane to move about, it was reported. Topical compounded medication and extracorporeal shockwave therapy of the bilateral shoulders were sought. The stated diagnosis involving the shoulder was that of rotator cuff syndrome. The applicant was placed off work, on total temporary disability, for 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of shockwave therapy for shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
 Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

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

Decision rationale: No, the request for four sessions of extracorporeal shockwave therapy for bilateral shoulders was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 203 acknowledges that some medium quality evidence supports extracorporeal shockwave therapy for applicants who carry a diagnosis of calcifying tendinitis of the shoulder, here, however, the applicant did not seemingly carry a diagnosis of calcifying tendinitis of the shoulder. Rather, the attending provider's September 16, 2015 office visit notes that the applicant in fact carried a diagnosis of rotator cuff syndrome, i.e., a condition for which extracorporeal shockwave therapy (ESWT) is not recommended in the MTUS Guideline in ACOEM Chapter 9, page 203. Therefore, the request was not medically necessary.