

<b>Case Number:</b>	CM15-0198616		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45-year-old female who sustained an industrial injury on 4-10-2013. Diagnoses have included right shoulder partial supraspinatus tear; acromioclavicular osteoarthropathy; superior labrum degenerative changes; and, cervical pain with upper extremity symptoms. MRI of unspecified date revealed calcific tendinitis and adhesive capsulitis. Documented treatment includes right shoulder arthroscopic subacromial decompression, debridement of partial-thickness rotator cuff tear, partial distal claviclectomy-Mumford procedure, and synovectomy-bursectomy on 4-20-2015; at least 20 post-operative sessions of physical therapy reported 8-27-2015 to have helped with pain but "no change in range of motion"; home exercise; activity modification; and, medication. Objectively, the physician noted that there continues to be tenderness in both the right and left shoulders, and right shoulder range of motion was limited with pain and included positive impingement signs. On 9-17-2015, the physician report states the injured worker has experienced improvements since surgery, but presently right shoulder pain is rated at 6 out of 10, and she is able to perform activities of daily living, but this is when treated with current medication regimen. The physician stated concern related to postural changes with the upper thoracic spine-scapular region right with forward orientation and kyphosis stating this was a result of the right shoulder issues, and also results in "lethargy, fatigue and spasm." The treating physician's plan of care includes 3 sessions extracorporeal shock wave therapy for the right shoulder, which was denied on 9-30-2015. Current work status is that she remains out of work "for several months."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Extra corporeal shock wave therapy (ECSWT) treatment 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), Treatment Index, 13th edition (Web) 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 (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The claimant sustained a work injury in April 2013 and is being treated for neck and bilateral shoulder pain. She underwent a right subacromial decompression in April 2015. She had two courses of post-operative physical therapy. Intra-operative findings were that of synovitis and subacromial bursitis and partial thickness supraspinatus tearing with degeneration. There was impingement due to acromioclavicular joint hypertrophy. When seen, there had been initial improvement but her condition was worsening. Pain was rated at 5/10. Physical examination findings included shoulder tenderness with decreased range of motion and deltoid atrophy. There was crepitus with range of motion. Authorization for three shock wave treatments was requested. A recent MRI is referenced as demonstrating early calcific tendinitis. There was no mention of any post-operative changes. The date of the MRI and report were not provided. Extracorporeal shock wave therapy can be recommended for calcifying tendinitis of the shoulder with up to 3 treatment sessions over three weeks. In this case, the claimant does not have evidence of a diagnosis of calcific tendinitis by imaging that can be verified. The request is not medically necessary.