

<b>Case Number:</b>	CM15-0199992		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/20/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, Hawaii  
 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 65 year old female, who sustained an industrial injury on 5-20-10. The injured worker was diagnosed as having neuralgia-neuritis NOS; cervical disc displacement; lumbago; joint pain-NEC; tear medial meniscus knee; postsurgical states NEC; calcific tendinitis supraspinatus and infraspinatus right shoulder. Treatment to date has included status post lumbar decompression (2-17-14); status post right shoulder mini open rotator cuff repair and subacromial decompression; physical therapy; shockwave therapy (x3); medications. Currently, the PR-2 notes dated 9-2-15 by the provider indicated the injured worker is a status post remote right shoulder surgery. He documents her pain as "5 out of 10 right shoulder pain, improving". The provider continues documentation "Shockwave 3 sessions did facilitate improved range of motion right shoulder in all planes, improved strength, and decreased medication consumption. Patient does provide examples. Inquiries in regards to additional shockwave therapy to further strength-conditioning range of motion. Recalls lumbar decompression 2-2014. Rule out pain with right lower extremity symptoms, 6 out of 10; 6 out of 10 cervical pain with right greater than left upper extremity symptoms. Medication does facilitate maintenance of activities of daily living including necessary household duties, shopping for groceries, grooming, and simple food preparation and cooking. Medications facilitate maintenance of healthy activity level and adherence to physical methods as encouraged. Favorable significant objective improvement with medication on board discussed including but not limited to greater activity level and greater function." On physical examination, the provider notes tenderness to the right shoulder anterior aspect and at AC with

positive impingement signs with swelling of the right shoulder and atrophy of the deltoid musculature; flexion 20 degrees, abduction 100 degrees, internal and external rotation 50%. He also notes tenderness to the cervical and lumbar spine. Spasm of the lumboparaspinal musculature and cervical trapezius. The provider's treatment plan includes a request for 3 additional shockwave treatments for the right shoulder for calcific tendinitis and impending adhesive capsulitis, improving. A Request for Authorization is dated 10-12-15. A Utilization Review letter is dated 9-30-15 and non-certification for Outpatient shockwave therapy three (3) sessions to the right shoulder. A request for authorization has been received for Outpatient shockwave therapy three (3) sessions to the right shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Outpatient shockwave therapy three (3) sessions to the right shoulder: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The patient presents with neuralgia-neuritis NOS, cervical disc displacement, lumbago, joint pain-NEC, tear medial meniscus knee, calcific tendinitis supraspinatus and infraspinatus right shoulder. The current request is for outpatient shockwave therapy three sessions to the right shoulder. The treating physician states, in a report dated 09/23/15, "Continue with request for additional shockwave 3 sessions, right shoulder. 3 sessions to date facilitate diminished pain and improve tolerance to activity." (16B) The ODG guidelines state that Extracorporeal shock wave therapy (ESWT) is recommended for calcifying tendinitis, which this patient has. In this case, the ODG guidelines do support shock wave therapy. The patient previously had decreased pain and improved function with this treatment. The current request is medically necessary.