

Case Number:	CM15-0200076		
Date Assigned:	10/15/2015	Date of Injury:	04/29/2012
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	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, North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female injured worker suffered an industrial injury on 4-29-2012. The diagnoses included remote right shoulder arthroscopy, impending adhesive capsulitis, right shoulder and cervical pain. On 9-2-2015 the treating provider reported right shoulder pain rated 5 out of 10. The injured worker reported significant reduction in pain, 3 points on a scale of 10 with shockwave therapy to the right shoulder as 3 sessions. There was improved range of motion and improved strength in the right shoulder-upper extremity. There was maintenance of activities of daily living and adhesive capsulitis improving. The medication in use was Tramadol. On exam the right shoulder was tender and range of motion demonstrated improvement. Prior treatment included failed treatment was physical therapy, injections, home exercise and activity modification. The Utilization Review on 10-2-2015 determined non-certification for Additional Extracorporeal Shockwave Therapy Sessions x3 for Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Extracorporeal Shockwave Therapy Sessions x3 for Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Extracorporeal shock wave therapy (ESWT).

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

Decision rationale: According to CA MTUS/ACOEM, shoulder guidelines extracorporeal shock wave therapy (ESWT) is recommended for calcifying tendinitis. In this case, there is no documentation of calcific tendinitis. Guidelines state that patients may receive a maximum of three therapy sessions over 3 weeks. This patient has already undergone the maximum of three sessions and does not have calcific tendinitis; therefore the request is not medically necessary or appropriate.