

<b>Case Number:</b>	CM15-0203050		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 injured worker is a 55 year old female who sustained an industrial injury 12-04-13. A review of the medical records reveals the injured worker is undergoing treatment for cervical spine herniated nucleus pulposus and degenerative disc disease, left shoulder sprain-strain, left shoulder acromioclavicular arthrosis, left shoulder tendonitis and bursitis, left shoulder tenosynovitis and rotator cuff tear, left elbow lateral epicondylitis and joint osteoarthritis, left wrist De Quervain's tenosynovitis and triangular fibrocartilage tear. Medical records (08-11-15) reveal the injured worker complains of neck pain rated at 7/10, left shoulder, wrist and elbow pain rated at 6/10. The physical exam (08-11-15) reveals tenderness to palpation in the cervical spine, left shoulder, elbow, and wrist. Range of motion is diminished in the cervical spine, left shoulder, elbow, and wrist. Sensation to pinprick and light touch is "slightly" diminished along the median and ulnar nerve distribution in the left upper extremity. Motor strength is 4/5 on the left upper extremity. Prior treatment includes medicates, physical therapy, and left shoulder surgery (11-06-14). The original utilization review (09-11-15) non-certified the request for 3 shock wave treatments to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave Therapy, three treatments for the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

**Decision rationale:** CA MTUS does not specifically address Extracorporeal Shockwave Therapy (ESWT) to the shoulder. ODG states that ESWT to the shoulder should only be recommended when patients have pain from calcific tendinitis of the shoulder persists despite 6 months of treatment. In addition, at least conservative treatments must have been performed prior to consideration for ESWT. In this case, the patient does not have calcific tendinitis and only two conservative modalities, physical therapy and medications are documented. Therefore, criteria for ESWT are not met and the request is not medically necessary or appropriate.