

<b>Case Number:</b>	CM15-0204609		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	09/22/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 39 year old female who sustained an industrial injury on 9-22-13. The medical records indicate that the injured worker was being treated for right shoulder chronic impingement syndrome, status post right shoulder surgery (6-15-15); impending adhesive capsulitis, right shoulder; right shoulder subacromial tendinitis; right shoulder rotator cuff tendinitis ; calcific tendinitis of the infraspinatus tendon. Currently (9-24-15) the injured worker complains of right shoulder pain with a pain level is 8 out of 10. Medications facilitate maintenance of activities of daily living including tolerance to activities and improved function. Physical exam revealed decreased range of motion of the right shoulder, spasms of the cervical trapezius-deltoid tie-in. Per the 9-24-15 note "recall in addition to adhesive capsulitis there is calcific tendinitis and failed conservative treatment". Diagnostics include x-ray of the right shoulder (12-4-14) showing calcification in the rotator cuff tendon near the footprint on the humeral head; MRI of the right shoulder (4-24-14) showing no discrete rotator cuff tears; tendinopathy of the distal supraspinatus tendon, calcific tendinitis of the infraspinatus tendon; mild subacromial, subdeltoid bursitis. Treatments to date include physical therapy (12 sessions as of 9-18-15) for the right shoulder without benefit regarding range of motion but there was a decrease in pain; injections without benefit; home exercise program without benefit; activity modification without benefit; transcutaneous electrical nerve stimulator unit with 30% improved tolerance to activity involving the right shoulder; medication: tramadol, naproxen, cyclobenzaprine, hydrocodone (prior), Ambien, Zofran. The request for authorization dated 9-28-15 was for Extracorporeal Shockwave Therapy 1 time per week for 30 minutes times 3 sessions, right shoulder. On 10-6-15 Utilization Review non-certified the request for Extracorporeal Shockwave Therapy 1 time per week for 30 minutes times 3 sessions, right shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy 1 time a week for 30 mins x 3 sessions for right shoulder:** Overturned

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

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shockwave therapy for the shoulder. Per the Official Disability Guideline section, Shoulder, Extracorporeal shockwave therapy, (ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. Calcifying tendonitis: For patients with calcifying tendinitis of the shoulder with inhomogeneous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. Per ODG criteria: "Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks." In this case the note from 9/24/15 shows that the ODG criteria has been met. Therefore the request is medically necessary.