

<b>Case Number:</b>	CM15-0204856		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/08/2015
<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: 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 38 year old male with an industrial injury date of 10-30-2013 - 10-30-2014 (cumulative trauma). Medical record review indicates he is being treated for right shoulder acromioclavicular osteoarthropathy, tendinosis-calcific tendinitis right shoulder and cervical myofascial pain. Subjective complaints (06-29-2015) included increasing right shoulder pain rated as 9 out of 10. The injured worker "expresses concern in regards to refractory nature of condition with decline in range of motion and function." He also complained of cervical pain with upper extremity symptoms on the right rated as 6 out of 10. The treating physician indicated medications at current dosing facilitated maintenance of activities of daily living. Current medications included Tramadol, proton pump inhibitor, Cyclobenzaprine and non-steroidal anti-inflammatory drugs. The treating physician documented the injured worker's right shoulder had been refractory to physical therapy, home exercise, injection, ice and non-steroidal anti-inflammatory drugs. Objective findings (06-29-2015) included right shoulder tenderness with positive impingement signs. Right shoulder flexion was 80 degree, abduction 80 degree, external rotation 60 degree and internal rotation 50 degree. Tenderness of the cervical spine was noted with flexion 60 degree, extension 40 degree, left and right rotation 30 degree and left and right lateral tilt 30 degree. There was diminished sensation of right cervical 6 and cervical 7 dermatomal distributions. On 10-08-2015 the request for extracorporeal shockwave therapy times 3 sessions of the right shoulder was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy x 3 sessions for the 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), Knee & Leg, Extracorporeal shock wave therapy (ESWT).

**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 cumulative trauma work injury with date of injury in October 2014 and is being treated for right shoulder and neck pain. An MRI of the shoulder on 06/16/15 showed findings of extensive tendinosis most pronounced within the infraspinatus. There was mild acromioclavicular joint arthrosis and hypertrophy. There was no other significant pathology identified. In August 2015, a trial of corticosteroid injection was requested. When seen, she had increased right shoulder pain. Prior treatments had included physical therapy, exercise, medications, and activity modification. Physical examination findings included diffuse shoulder tenderness with decreased range of motion and positive impingement testing. The MRI of the shoulder in June 2015 is referenced as showing acromioclavicular osteoarthropathy and tendinosis/calcific tendinitis. Authorization for three shockwave treatments is being requested. Extracorporeal shock wave therapy can be recommended for calcifying tendinitis of the shoulder with up to 3 treatment sessions over three weeks when there is a failure of conservative treatments. In this case, although the treating provider indicates that the MRI scan in June 2015 showed findings of calcific tendinitis, the official report of the scan does not describe any findings of calcification. Plain film x-ray results were not provided. Corticosteroid injections were requested indicating that there has not been a failure of alternative conservative treatments. For these reasons, the request cannot be accepting as being medically necessary.