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| Case Number: | CM15-0205282 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 01/15/2015 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/05/2015 |
| Priority: | Standard | Application Received: | 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 20 year old male sustained an industrial injury on 1-15-15. Documentation indicated that the injured worker was receiving treatment for left shoulder status post anterior dislocation with partial to full thickness rotator cuff tear and superior labral anterior posterior lesion. The injured worker underwent left shoulder arthroscopy on 5-15-15. The injured worker received postoperative physical therapy and medications. In a PR-2 dated 9-24-15, the injured worker complained of left shoulder pain rated 7 out of 10 on the visual analog scale. The injured worker had participated in 20 postoperative physical therapy sessions and reported a decrease in pain but range of motion remained unchanged. Physical exam was remarkable for left shoulder with no signs of infection, pain on range of motion with flexion 110 degrees, abduction 90 degrees, external rotation 80 degrees and internal rotation 70 degrees. The physician stated that adhesive capsulitis persisted with subsequent decline in activity and function involving the left shoulder. The treatment plan included requesting authorization for three sessions of shockwave for the left shoulder and topical compound cream and continuing home exercise. On 10-5-15, Utilization Review noncertified a request for 3 sessions of extracorporeal shockwave therapy utilizing the EMS Swiss Dolorclast ESWT device.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 sessions of extracorporeal shockwave therapy utilizing the EMS Swiss Dolorclast ESWT device: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Initial Care, Activity Modification. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal Shockwave Therapy (ESWT).

Decision rationale: Regarding the request for 3 sessions of extracorporeal shockwave therapy utilizing the EMS Swiss Dolorclast ESWT device, Occupational Medicine Practice Guidelines support the use of extracorporeal shock wave therapy for calcified tendinitis of the shoulder. ODG further clarifies that extracorporeal shockwave therapy is recommended for calcified tendinitis of the shoulder but not for other shouldered disorders. There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. Contraindicated in patients who had previous surgery for the condition. The criteria for use of ESWT includes: Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment; 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). Within the documentation available for review, there is identification of a diagnosis of calcified tendinitis. But not for six months despite standard treatment. As such, the currently requested 3 sessions of extracorporeal shockwave therapy utilizing the EMS Swiss Dolorclast ESWT device is not medically necessary.