

Case Number:	CM15-0206306		
Date Assigned:	10/23/2015	Date of Injury:	04/21/2014
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 4-21-14. The injured worker is diagnosed with right shoulder subacromial bursitis and right shoulder calcific tendinitis. Her work status is temporary total disability. Notes dated 5-13-15, 7-17-15 and 8-28-15 reveals the injured worker presented with complaints of right shoulder pain rated at 6-8 out of 10. She reports decreased range of motion. A physical examination dated 5-13-15, 7-17-15 and 8-28-15 revealed diffuse right shoulder tenderness, positive impingement signs, 4 out of 5 strength for the right deltoid muscle with pain and muscle wasting is noted. The right shoulder abduction is 130 degrees and forward flexion 140 degrees; range of motion flexion 90 degrees, abduction 80 degrees, rotation 60 degrees and internal rotation 60 degrees. Treatment to date has included physical therapy, injection, home exercise and activity modification; medications (anti-inflammatory) allow her to engage in self-care, cooking, shopping and lighthouse hold chores per note dated 8-28-15. A request for authorization dated 9-23-15 for extracorporeal shockwave therapy for the right shoulder is non-certified, per Utilization Review letter dated 9-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT) for the right 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 Chapter/Extracorporeal Shock Wave Therapy (ESWT) Section.

Decision rationale: The MTUS guidelines do not address the use of extracorporeal shockwave therapy. Per the ODG, extracorporeal shockwave therapy (ESWT) of the shoulder is recommended for calcifying tendinitis but not for other shoulder disorders. Criteria for the use of Extracorporeal Shock Wave Therapy include: 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); 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; Maximum of 3 therapy sessions over 3 weeks. In this case, there is not objective evidence of calcifying tendinitis. It is also unclear how many sessions are being requested. The request for extracorporeal shockwave therapy (ESWT) for the right shoulder is not medically necessary.