

Case Number:	CM15-0206505		
Date Assigned:	10/23/2015	Date of Injury:	07/31/2013
Decision Date:	12/04/2015	UR Denial Date:	10/12/2015
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: Physical Medicine & Rehabilitation

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 injured worker is a 62 year old female, who sustained an industrial injury on 07-31-2013. The injured worker was diagnosed as having status post left shoulder surgery 09-2014 and early calcific tendinitis - left shoulder and adhesive capsulitis - left shoulder and reactive depression. On medical records dated 09-21-2015, the subjective complaints were noted as left shoulder pain. Pain was rated a 7 out of 10. Objective findings were noted as left shoulder tenderness and range of motion was limited. Treatments to date included surgical intervention, physical therapy, injections, and home exercise and activity modifications. The Utilization Review (UR) was dated 10-12-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for extracorporeal shockwave therapy for the left shoulder, quantity: 3 sessions was non-certified and psychological consultation with follow up was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the left shoulder, quantity: 3 sessions: 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), Criteria for the use of 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, Extracorporeal shockwave therapy (ESWT), pages 915-916.

Decision rationale: Review indicates the patient has history of bilateral rotator cuff tear with bicep pulley disruption with limited range and positive impingement sign. The patient is s/p left shoulder arthroscopy on 9/29/14 with unchanged symptoms and continued limited range. While Extracorporeal shock wave therapy may be indicated for calcific tendinitis, there are no high-quality randomized clinical studies showing long term efficacy. ESWT may be a treatment option for calcifying tendinitis in patients with at least three failed conservative treatment trials for over six months; however, it is not recommended for chronic shoulder disorders, rotator cuff tears or osteoarthropathies as in this case. ESWT is also contraindicated in pregnant women, younger patients, and those with blood clotting diseases, active infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage, or in patients with cardiac pacemakers or those who had previous surgery performed in September 2014. Submitted reports have not demonstrated clear diagnosis, symptom complaints or clinical findings to support for this treatment under study nor is there evidence of failed conservative trials, new acute injury or progressive deterioration in ADLs to support for the treatment outside guidelines criteria. The Extracorporeal shockwave therapy for the left shoulder, quantity: 3 sessions is not medically necessary and appropriate.

Psychological consultation with follow up: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Models and Definitions, Initial Assessment, Medical, Physical Examination, Diagnostic Testing, Treatment, Work-Relatedness, Follow-up, Failure, References.

Decision rationale: Submitted reports have not demonstrated any specific psychological symptom complaints, clinical findings, complicated conditions or diagnoses indicative of a psychological consultation that is hindering treatment or recovery for this chronic work injury. There is no definitive testing or evaluation needed nor are there any identified discernible goals to be obtained from the psychological referral beyond the primary provider's treatment to meet guidelines criteria for this chronic injury. There are no remarkable clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed conservative treatment trials rendered including pharmacological intervention or independent coping skills developed to better manage any episodic chronic issues, resulting in decrease dependency and healthcare utilization. Reports have not established any unusual or complex pathology that may require second opinion. MTUS guidelines support specialist referral with failed primary treatment trials; however, this has not been established. Current reports have no acute new injury or deteriorating circumstances to support for the Psychotherapy evaluation. The Psychological consultation with follow up is not medically necessary and appropriate.