

Case Number:	CM15-0206536		
Date Assigned:	10/23/2015	Date of Injury:	11/15/2010
Decision Date:	12/04/2015	UR Denial Date:	09/22/2015
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:

The injured worker is a 64 year old male, who sustained an industrial injury on 11-15-2010. He has reported injury to the right shoulder, bilateral knees, and low back. The diagnoses have included adhesive capsulitis, right shoulder; calcific tendinitis, right shoulder; status post right shoulder surgery, on 01-29-2014; status post remote right total knee arthroplasty, in 11-2012; and status post left L5-S1 decompression. Treatment to date has included medications, diagnostics, activity modification, injection, surgical intervention, physical therapy, and home exercise program. Medications have included Tramadol ER and Cyclobenzaprine. A progress note from the treating physician, dated 08-24-2015, documented a follow-up visit with the injured worker. The injured worker reported diminution of pain in right shoulder, however range of motion remains refractory; pain is rated at 8 out of 10 in intensity in the right shoulder; recalls failed physical therapy, injection, home exercise, activity modification in regards to right shoulder range of motion; left knee pain, rated at 7 out of 10 in intensity; right knee pain, rated at 7 out of 10 in intensity; low back pain with lower extremity symptoms, rated at 7 out of 10 in intensity; and medications at current dosing facilitates maintenance of activities of daily living and exercise regime. Objective findings included tenderness of right shoulder; decreased range of motion; atrophy of right deltoid musculature; swelling of the right shoulder; tenderness to the left knee with decreased range of motion; tenderness to the right knee with decreased range of motion with pain; tenderness to the lumbar spine with decreased range of motion; positive straight leg raise bilaterally; and diminished sensation right greater than left L5 and S1 dermatomal distributions. The treatment plan has included the request for 3 sessions of

extracorporeal shockwave therapy (utilizing [REDACTED] Swiss DolorClast ESWT device, 2000 shocks at the level 2 (1.4 Bar) per treatment sessions), 1 time per week for 30 minutes each sessions, right shoulder. The original utilization review, dated 09-22-2015, non-certified the request for 3 sessions of extracorporeal shockwave therapy (utilizing [REDACTED] Swiss DolorClast ESWT device, 2000 shocks at the level 2 (1.4 Bar) per treatment sessions), 1 time per week for 30 minutes each sessions, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 sessions of Extracorporeal shock wave therapy (utilizing [REDACTED] Swiss DolorClast ESWT device, 2000 shocks at the level 2 (1.4 Bar) per treatment sessions), 1 time per week for 30 minutes each sessions, 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), Shoulder Chapter, Shockwave Therapy.

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: The patient is s/p right shoulder arthroscopic repair, a contraindication for extracorporeal shock wave therapy. While ECSW therapy may be an option for calcific tendinitis, there are no high-quality randomized evidenced based 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. ESWT is also contraindicated in those with blood clotting diseases, active infections, tumors, arthritis of the spine or arm, or nerve damage, or in patients who had previous surgery, noted here. Submitted reports have not demonstrated clear 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 3 sessions of Extracorporeal shock wave therapy (utilizing [REDACTED] Swiss DolorClast ESWT device, 2000 shocks at the level 2 (1.4 Bar) per treatment sessions), 1 time per week for 30 minutes each sessions, right shoulder is not medically necessary and appropriate.