

Case Number:	CM15-0206959		
Date Assigned:	10/23/2015	Date of Injury:	09/30/2013
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
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 59-year-old male, who sustained an industrial injury on 9-30-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder adhesive capsulitis and status post right shoulder surgery. On 9-16-2015, the injured worker reported frequent moderate achy sharp right shoulder pain with no relief with non-steroid anti-inflammatory drugs (NSAIDs) or therapy. The Primary Treating Physician's report dated 9-16-2015, noted the physical examination showed tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, and posterior shoulder with muscle spasm of the anterior shoulder and posterior shoulder, positive Neer's and Hawkin's with shoulder apprehension negative. Prior treatments have included TENS, right shoulder surgery, physical therapy, chiropractic treatments, topical creams, acupuncture, and medications including Norco, Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. The treatment plan was noted to include continued home exercises, requests for authorization for topical medications, and extracorporeal shock-wave therapy for the right shoulder. The request for authorization dated 9-16-2015, requested extracorporeal shock-wave therapy. The Utilization Review (UR) dated 9-24-2015, non-certified the request for extracorporeal shock-wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock-wave therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, shoulder (Acute & Chronic), 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 Chapter, under Extracorporeal Shockwave Treatment.

Decision rationale: The current request is for extracorporeal shock-wave therapy. The RFA is dated 09/16/15. Prior treatments have included TENS, right shoulder surgery, physical therapy, chiropractic treatments, topical creams, acupuncture, and medications including Norco, Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. Patient remains off work. ODG Guidelines, Shoulder Chapter, under Extracorporeal Shockwave Treatment (ESWT) states: Recommended for calcifying tendinitis, but not for other disorders, for patients with calcifying tendinitis of the shoulder in homogeneous deposits, quality evidence have found extracorporeal shock wave therapy equivalent or better than surgery and it may be given priority because of its non-invasiveness. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) 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). 3) 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. 4) Maximum of 3 therapy sessions over 3 weeks. Per report 09/16/15, the patient presents with frequent, moderate, achy, and sharp right shoulder pain. Physical examination showed tenderness to palpation of the acromioclavicular joint with muscle spasm and positive Neer's and Hawkin's sign. The treater recommended extracorporeal shockwave therapy for 3 visits for the right shoulder, "due to continue pain despite manual physical therapy, ultrasound, and activity modification as well as failure of NSAIDs." Right shoulder x-ray from 09/24/14 showed old post-traumatic changes of the shoulder with prior acromioclavicular separation and humeral head deformity. MRI of the right shoulder from 12/09/14 showed moderately advanced degenerative arthrosis of the glenohumeral joint. On 02/25/15, the patient underwent a right shoulder arthroscopic decompression. There is no documentation of prior shockwave therapy; however, the MRI and X-ray findings do not demonstrate calcium deposits on tendon or calcified tendinitis for which ESWT for the shoulder is considered appropriate. Therefore, the request is not medically necessary.