

Case Number:	CM15-0209907		
Date Assigned:	10/28/2015	Date of Injury:	04/24/2006
Decision Date:	12/16/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/26/2015

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, Hawaii
 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 58 year old female who sustained an industrial injury April 24, 2006. Past history included remote right shoulder surgery, status post bilateral carpal tunnel release, and left shoulder surgery December, 2014. According to the most recent primary treating physician report dated May 12, 2015, (and only physician report present in the medical record) the injured worker presented with complaints of left shoulder pain, rated 5 out of 10, right shoulder pain rated 3 out of 10, right wrist-hand pain rated 5 out of 10, left elbow pain rated 5 out of 10, and cervical pain, rated 3 out of 10. Current prescribed medication included Naproxen, Tramadol, and Pantoprazole. Objective findings included; no signs of infection left shoulder, wound redressed (unspecified type of wound); mild topical allergy to date (unspecified); no ulcerations; mild erythema; no signs of infection (unclear if this is another area or repeat data of left shoulder). Diagnoses are status post left shoulder surgery 12-08-2014; status post bilateral carpal tunnel release (not dated); left cubital tunnel syndrome. Treatment plan included a discussion of proper activity and exercise level, initiate a urine toxicology screen and reconsideration for topical medication. At issue, is a request for shockwave therapy for the left shoulder. According to utilization review dated October 5, 2015, the request for Shockwave therapy (3) sessions, (30) per session for the left shoulder is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy 3 sessions, 30 per session for the left 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, ESWT, 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 ODG, Shoulder Chapter, Extracorporeal Shock Wave Therapy.

Decision rationale: The patient presents with bilateral shoulder, right wrist/hand, left elbow and cervical pain. The current request is for Shockwave therapy 3 sessions, 30 per session for the left shoulder. The report making the request was not made available. However, the 05/12/2015 report notes that the patient had left shoulder surgery on 12/2014. The examination in this report shows no signs of infection on the left shoulder. Mild topical allergy to date. No ulcerations. Mild erythema noted. The MTUS and ACOEM guidelines are silent regarding this request. However, the ODG guidelines under the Shoulder Chapter for Extracorporeal Shock Wave Therapy (ESWT) states, that this treatment is indicated for calcific tendinitis that have failed with conservative care including: physical therapy, iontophoresis, deep friction, local or systemic application of non-inflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection. In this case, the patient's recent examination does not show any signs of calcific tendinitis. Furthermore, there is no indication that the patient has failed conservative care including physical therapy. The current request is not medically necessary.