

<b>Case Number:</b>	CM15-0022840		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	03/11/2002
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 female who sustained an industrial injury on 3/11/02. The injured worker reported symptoms in the neck, right shoulder/arm, and right elbow/forearm. The diagnoses included cervical spine disc bulge, right shoulder surgery, right elbow surgery, and other problems unrelated to current evaluation. Treatments to date were not noted in the provided documentation. In a progress note dated 1/20/15 the treating provider reports pain in the neck, right shoulder/arm, right elbow/forearm. On 2/2/15 Utilization Review non-certified the request for Shockwave (Extracorporeal Shockwave Therapy) for the right shoulder. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave (ESWT) for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**Decision rationale:** This 59 year old female has complained of neck pain and right shoulder pain since date of injury 3/11/02. She has been treated with right shoulder surgery, physical therapy and medications. The current request is for shockwave (ESWT) for the right shoulder. Per the MTUS guidelines cited above, there is some medium quality evidence to support ESWT for calcifying tendinitis of the shoulder. There is no such diagnosis in this patient. On the basis of the available medical documentation and per the MTUS guidelines cited above, ESWT for the right shoulder is not indicated as medically necessary.