

Case Number:	CM15-0022885		
Date Assigned:	02/12/2015	Date of Injury:	09/01/2010
Decision Date:	04/06/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	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: 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 62-year-old female with a reported date of injury on 01/01/2007; the mechanism of injury is not provided. The injured worker's diagnoses included bilateral shoulder strain/sprain, right shoulder tendonitis, and right shoulder impingement syndrome. Treatments to date were noted to include physical therapy, topical medications, and oral medications. A clinical note dated 11/13/2014 noted the injured worker had complaints of pain to the right shoulder/arm rated 9/10. It was also noted that the injured worker was in physical therapy at that time which had decreased her pain and tenderness. On physical examination, it was noted there was 2+ tenderness to palpation to the bilateral shoulders and there was restricted range of motion. Impingement and supraspinatus tests were positive on the right. Under the treatment plan, it was noted the physician was recommending extracorporeal shockwave therapy of the right shoulder once per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy 1 time a week for 4 weeks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 shock wave therapy (ESWT).

Decision rationale: The California MTUS/ACOEM Guidelines do not address this request. However, the Official Disability Guidelines state that extracorporeal shockwave therapy may be recommended in patients whose pain is being caused by calcifying tendinitis of the shoulder that has remained despite 6 months of standard treatment, to include at least 3 consecutive treatments that should have consisted of rest, ice, NSAIDs, orthotics, physical therapy, and/or injections. The guidelines continue to state that extracorporeal shockwave therapy may be recommended up to 3 therapy sessions over 3 weeks. There is a lack of evidence within the documentation that the injured worker's shoulder pain is the result of calcifying tendinitis. Additionally, there was a lack of evidence within the documentation that the injured worker has received 6 months worth of standard treatment, as it was noted the injured worker had just started physical therapy for the shoulders. Furthermore, the guidelines state that the use of extracorporeal shockwave therapy is contraindicated in patients who had physical therapy within the last 4 weeks or who have bilateral shoulder pain. Moreover, the request exceeds the treatment recommendations of a maximum of 3 therapy visits over 3 weeks. Therefore, the request for extracorporeal shockwave therapy 1 time a week for 4 weeks to the right shoulder is not medically necessary.