

<b>Case Number:</b>	CM15-0023808		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained a work related injury on 5/13/13. The diagnoses have included right shoulder rotator cuff tendonitis, right shoulder impingement syndrome, right shoulder tendon tear, ulnar neuropathy and carpal tunnel syndrome. Treatments to date have included MRI right shoulder, chiropractic treatments, x-rays cervical spine, ultrasound guided right interscalene brachial plexus block, and physical therapy. In the PR-2 dated 12/16/14, the injured worker complains of neck pain that radiates down the right arm to hand. She has weakness and numbness in right hand, in digits 3, 4 and 5 which wakes her up at night. She complains of right shoulder pain which has improved since surgery. She complains of right elbow pain. She has tenderness to palpation of neck muscles along spine and right shoulder. She has decreased range of motion in neck, right shoulder and right elbow. On 1/9/15, Utilization Review non-certified requests for acupuncture to right shoulder x 6 and shockwave therapy to right shoulder x 6. The California MTUS, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the right shoulder, quantity 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the guidelines, Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In this case, the claimant had surgery and it was not ordered in conjunction with therapy. In addition, it is considered an option and not a medical necessity.

**Shockwave therapy, right shoulder, quantity 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESWT

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder pain and ODG guidelines

**Decision rationale:** According to the guidelines, shockwave therapy is recommended for calcified tendonitis. It is not indicated for non-calcified tendonitis of the rotator cuff. In this case, the claimant had non-calcified tendonitis and the request for shockwave therapy is not medically necessary.