

Case Number:	CM15-0024747		
Date Assigned:	02/17/2015	Date of Injury:	10/11/2013
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 47 year old male injured worker suffered and industrial injury on 10/11/2013. The diagnoses were bilateral sprains of the wrist and the shoulders. The treatments were physical therapy and medications. The treating provider reported persistent pain in both upper extremities. On exam there was tenderness and decreased range of motion in the bilateral shoulders and wrists. There also was decreased sensation from the cervical spine. The Utilization Review Determination on 1/26/2015 non-certified Shockwave therapy bilateral shoulders x 1, MTUS, ACOEM, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy bilateral shoulders x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Extracorporeal shock wave therapy

Decision rationale: Pursuant to the Official Disability Guidelines, shockwave therapy to the bilateral shoulders times one is not medically necessary. Extracorporeal shock wave therapy

(ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. See the guidelines for additional details. In this case, the injured worker's working diagnoses were culled from the request for authorization. There were no progress notes in the medical record to review for subjective and objective clinical findings in addition to clinical indications and the clinical rationale for extracorporeal shock wave therapy. The diagnoses listed on the request for authorization are bilateral shoulder sprain/strain/internal arrangement/tendinitis/rotator cuff tear/arthrosis. Extracorporeal shock wave therapy is recommended for calcifying tendinitis but not for other shoulder disorders. The guidelines do not recommend shockwave therapy to the shoulders based on the documentary evidence in the record. Consequently, absent clinical documentation with evidence of calcifying tendinitis, shockwave therapy to the bilateral shoulders times one is not medically necessary.