

Case Number:	CM15-0027544		
Date Assigned:	02/19/2015	Date of Injury:	08/08/2014
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/13/2015

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: Orthopedic Surgery

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 male, who sustained an industrial injury on 08/08/2014. He has reported experiencing sharp pain to the neck, right shoulder, right arm, and right hand after lifting a heavy rim. Diagnoses include right shoulder strain/sprain with tendinitis. Treatment to date has included physical therapy, chiropractic care, magnetic resonance imaging of the right shoulder, laboratory studies, local injection to the right shoulder, and medication regimen. In a progress note dated 01/21/2015 the treating provider reports intermittent right shoulder pain. The treating physician requested extracorporeal shock wave therapy (ECSWT) right shoulder; however the documentation provided did not indicate the reason for this requested treatment. On 02/02/2015 Utilization Review non-certified the requested treatment of extracorporeal shock wave therapy (ECSWT) right shoulder three times, noting the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, Shoulder Complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave (ECSWT) for the 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, Shoulder, Extracorporeal shockwave therapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shockwave therapy for the shoulder. Per the Official Disability Guideline section, extracorporeal shockwave therapy, (ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. Calcifying tendonitis: For patients with calcifying tendinitis of the shoulder with inhomogenous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. In this case there is lack of evidence from the exam note of 1/21/15 of calcific tendonitis. Therefore the determination is for non-certification.