

<b>Case Number:</b>	CM15-0028220		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Preventive Medicine, Occupational 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:

This 68-year-old man sustained an industrial injury on 1/2/2014. The mechanism of injury is not detailed. Diagnoses include cervical spine strain, bilateral shoulder rotator cuff tear, and bilateral lower extremity osteoarthritis. Treatment has included oral medications. Physician notes dated 1/15/2015 show complaints of pain rated 6/10. Recommendations include pain management consultation, Theramine, Sentra PM, Gabadone, and Sentra AM, acupuncture, physical therapy, urine toxicology, and shockwave treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) initial Ortho Shockwave therapy for the right shoulder, 6 sessions as an outpatient:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Shock wave therapy (SWT).

**Decision rationale:** According to the Official Disability Guidelines, extracorporeal shockwave therapy is recommended only for calcifying tendinitis but not for other shoulder disorders. Limited evidence exists regarding shock wave therapy (SWT) in treating shoulder issues to reduce pain and improve function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Six (6) initial Ortho Shockwave therapy for the right shoulder, 6 sessions as an outpatient is not medically necessary.