

Case Number:	CM15-0029512		
Date Assigned:	02/23/2015	Date of Injury:	07/19/2014
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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 67-year-old female, who sustained an industrial injury on July 19, 2014. The injured worker developed neck, bilateral shoulder, arms wrist and low back pain while working as a clerk. The diagnoses have included non-calcifying tendinitis of the right shoulder, cervical degenerative disc disease, left Quervain's tendinitis and left carpal tunnel syndrome. Treatment to date has included medications, MRI of the neck and physical therapy. Current documentation dated November 24, 2014 notes that the injured worker complained constant severe neck pain. Associated symptoms include burning and throbbing. She also reported right shoulder pain, intermittent left sacroiliac joint pain, low back pain, right knee pain and left thumb pain. Physical examination of the cervical spine revealed tenderness, myospasms bilaterally and trigger points in the trapezius muscles bilaterally. Cervical compression test was positive on the right. Right shoulder examination revealed a positive impingement test. On February 6, 2015 Utilization Review non-certified a request for high and/or low energy extracorporeal shockwave treatment for the right shoulder times four, one treatment every two weeks. The MTUS, Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

High and/or low energy extracorporeal shockwave treatment for the right shoulder x4, one treatment every 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Procedure Summary last updated 08/27/2014.

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) chapter, Extracorporeal shockwave therapy (ESWT).

Decision rationale: Based on the 11/24/14 progress report provided by treating physician, the patient presents with right shoulder pain rated 10/10. The request is for HIGH AND/OR LOW ENERGY EXTRACORPOREAL SHOCKWAVE TREATMENT FOR THE RIGHT SHOULDER X4, ONE TREATMENT EVERY 2 WEEKS. Patient's diagnosis per Request for Authorization Form dated 02/02/15 includes non-calcifying tendinitis of the right shoulder. The patient is retired on temporary total disability, per treater report dated 11/24/14. ODG Guidelines, Shoulder (Acute & Chronic), Extracorporeal shockwave therapy (ESWT) states: "ESWT for shoulder problems: Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks." Treater has not provided reason for the request. Physical examination to the shoulder on 11/24/14 revealed positive Impingement and Appley's Scratch tests. However, there is no list of medications nor discussion of prior conservative treatments, as required by guidelines. Furthermore, the patient has a diagnosis of non-calcific tendinitis for which extracorporeal shockwave therapy is not indicated. The request is not in accordance with guideline criteria. Therefore, the request IS NOT medically necessary. Treater has not provided reason for the request. Physical examination to the shoulder on 11/24/14 revealed positive Impingement and Appley's Scratch tests. However, there is no list of medications nor discussion of prior conservative treatments, as required by guidelines. Furthermore, the patient has a diagnosis of non-calcific tendinitis for which extracorporeal shockwave therapy is not indicated. The request is not in accordance with guideline criteria. Therefore, the request IS NOT medically necessary.