

Case Number:	CM15-0210033		
Date Assigned:	10/28/2015	Date of Injury:	12/21/2012
Decision Date:	12/16/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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, Hawaii
 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 65 year old male who sustained an industrial injury on 12-21-2012. A review of medical records indicates the injured worker is being treated for cervical sprain strain, lumbar sprain strain, and wrist sprain strain. Medical record dated 10-2-2015 did not included subjective or objective data. MRI of the right shoulder dated 8-30-2015 revealed mild inflammation of the supra and infraspinatus tendon with subacromial bursitis and mild impingement. Treatment has included activity restriction, physiotherapy, and a trial of different anti-inflammatories. A request for authorization was made for OrthoShock wave for the shoulder. Utilization review form dated 10-15-2015 noncertified Ortho shockwave for the right shoulder 1x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho shockwave one times three (1x3), right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter - Extracorporeal Shockwave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter Shock wave therapy.

Decision rationale: The patient presents with pain affecting the right shoulder, bilateral elbows, bilateral wrists, and the cervical and lumbar spine. The current request is for Ortho shockwave one times three, right shoulder. The treating physician states in the report dated 10/2/15, "1 Ortho Shockwave for R shoulder 1x3." The ODG Guidelines state, "Recommended for calcifying tendinitis but not for other shoulder disorders." In this case, the treating physician has not documented that the patient has calcifying tendinitis in the right shoulder. The current request is not medically necessary.