

Case Number:	CM15-0211297		
Date Assigned:	10/30/2015	Date of Injury:	04/03/2009
Decision Date:	12/14/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial-work injury on 4-3-09. She reported initial complaints of right shoulder pain. The injured worker was diagnosed as having status post left shoulder surgery on 1-19-15, tear supraspinatus of right shoulder, cervical spondylosis at C5-6, right C5-6 foraminal stenosis, impending adhesive capsulitis of left shoulder, calcific tendinitis of right shoulder. Treatment to date has included medication, 3 shoulder surgeries, and diagnostics. MRI results were reported on 3-5-15 of the right shoulder reveal small oblique non retracted full thickness rotator cuff tear, most pronounced along the articular surface, mild subscapularis tendinopathy-partial tear, and no labral tear. Currently, the injured worker complains of upper thoracic-scapular pain right with postural issues and fatigue. Meds facilitate maintenance of ADL's (activities of daily living) and health activity level. Meds include Hydrocodone, Tramadol ER, and Cyclobenzaprine. Per the primary physician's progress report (PR-2) on 9-17-15, exam of the left shoulder notes flexion at 60 degrees, abduction at 70 degrees, 50 degrees external rotation, swelling of the left deltoid musculature in shoulder, atrophy of left deltoid, positive impingement signs, and positive Jobe test. The right shoulder has tenderness diffusely, flexion at 90 degrees, extension at 80 degrees, external rotation at 60 degrees, internal rotation at 50 degrees, positive Jobe test, crepitation with range of motion, and tenderness at right scapular region with kyphosis upper thoracic spine. The Request for Authorization requested service to include Three (3) extracorporeal shockwave therapy visits for the right shoulder. The Utilization Review on 10-21-15 denied the request for Three (3) extracorporeal shockwave therapy visits for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) extracorporeal shockwave therapy visits for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter: Extracorporeal shock wave therapy.

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

Decision rationale: The claimant sustained a work injury in April 2009 and is being treated for bilateral shoulder pain. She has a history of left shoulder surgery in January 2015 and three right shoulder surgeries. An MRI of the right shoulder on 03/05/15 showed findings of a rotator cuff repair. There was mild tendinopathy. There was no glenohumeral joint arthropathy. When seen in September 2015 complaints included right shoulder pain with pain rated at 7/10. There was diffuse right shoulder tenderness with decreased range of motion and crepitus. There was right scapular tenderness. Jobe testing was positive. Authorization was requested for three shockwave treatments for the right shoulder. The plan references addressing adhesive capsulitis and calcific tendinitis per MRI. Extracorporeal shock wave therapy can be recommended for calcifying tendinitis of the shoulder with up to 3 treatment sessions over three weeks. In this case, there is no reporting of calcific tendinitis by the MRI of the right shoulder in March 2015 and no interim imaging is documented showing calcific tendinitis. Without confirmation of this diagnosis by imaging reports the request is not medically necessary.