

Case Number:	CM15-0214493		
Date Assigned:	11/04/2015	Date of Injury:	04/27/2011
Decision Date:	12/22/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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: Texas, Illinois

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:

The injured worker is a 28-year-old male, with a reported date of injury of 04-27-2011. The diagnoses include left shoulder impingement syndrome, partial tear of the cuff; neck pain; musculoligamentous strain of the cervical spine, cervical spondylosis; and discogenic disease in the cervical spine. The progress report dated 09-11-2015 indicates that the injured worker complained of frequent neck pain, and constant left shoulder and arm pain with numbness. The objective findings include decreased sensation at C5-7; left shoulder flexion at 155 degrees; left shoulder extension at 25 degrees; left shoulder abduction at 100 degrees; left shoulder internal rotation at 50 degrees; left shoulder external rotation at 45 degrees; cervical flexion at 45 degrees; cervical extension at 30 degrees; left rotation of the cervical spine at 65 degrees; and right rotation of the cervical spine at 60 degrees. It was noted that an electrodiagnostic study of the upper extremities showed chronic C6 radiculopathy with mild bilateral carpal tunnel syndrome. The injured worker has been instructed to return to modified work. The diagnostic studies to date have included a urine drug screen on 03-31-2015 with negative findings; a urine drug screen on 06-02-2015 with negative findings; an MRI of the left shoulder on 03-30-2015 which showed tendinosis and swelling of the rotator cuff with a partial tear, mild impingement syndrome, fluid in the glenohumeral joint space and subdeltoid space, and fluid in the biceps tendon sheath; a urine drug screen on 07-14-2015 with inconsistent findings for Tramadol; and an MRI of the cervical spine on 08-11-2015 which showed minimal multilevel degenerative disc disease. Treatments and evaluation to date have included acupuncture, physical therapy, extracorporeal shockwave therapy on 06-04-2015, 06-08-2015, and 06-25-2015, 07-09-2015;

and oral medications. The treating physician requested one extracorporeal shockwave therapy (ESWT) session to the left shoulder and cervical spine. On 10-02-2015, Utilization Review (UR) non-certified the request for one extracorporeal shockwave therapy (ESWT) session to the left shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT) for 1 session to the left shoulder and cervical spine: 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), TWC, Internet Version (updated 06/25/2015); Neck and Upper Back (acute & chronic).

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

Decision rationale: The injured worker sustained a work related injury on 04-27-2011. The diagnoses include left shoulder impingement syndrome, partial tear of the cuff; neck pain; musculoligamentous strain of the cervical spine, cervical spondylosis; and discogenic disease in the cervical spine. Treatments have included work modifications, medications, physical therapy. The medical records provided for review do not indicate a medical necessity for Extracorporeal shockwave therapy (ESWT) for 1 session to the left shoulder and cervical spine. The MTUS is silent on the use of Extracorporeal shockwave therapy (ESWT) for the shoulder or neck. The Official disability Guidelines does not recommend Extracorporeal shockwave therapy for any other shoulder disorders other than calcifying tendinitis. The request is not medically necessary.