

Case Number:	CM15-0215405		
Date Assigned:	11/05/2015	Date of Injury:	05/01/2012
Decision Date:	12/24/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/02/2015

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, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 1, 2012. In a Utilization Review report dated October 22, 2015, the claims administrator failed to approve requests for 3 sessions of extracorporeal shock wave therapy for the shoulder. The applicant had already had prior extracorporeal shock wave therapy involving the shoulder, the treating provider acknowledged. Non-MTUS ODG Guidelines were invoked in the determination, despite the fact that the MTUS addressed the topic. A September 23, 2015 office visit was cited in the determination. The applicant's attorney subsequently appealed. On an RFA form dated October 15, 2015, an additional 3 sessions of extracorporeal shock wave therapy for the shoulder, Norco, naproxen, Cymbalta, Protonix, and Flexeril were all seemingly endorsed. On an associated September 23, 2015 office visit, the applicant reported ongoing issues with 6/10 shoulder pain. The applicant was given diagnoses of right shoulder chronic impingement syndrome with rotator cuff tendinopathy. The treating provider stated that the applicant had calcific tendonitis in one section of the note. It was not stated how said diagnosis was arrived upon, however. Additional extracorporeal shock wave therapy, physical therapy, a psychiatry consultation, a lumbar support, a TENS unit, DNA testing, Cymbalta, Norco, Protonix, naproxen, and Flexeril were all endorsed while the applicant's permanent work restrictions were renewed. The treating provider acknowledged that the applicant was not working with said limitations in place. The treating provider made no mention of how the diagnosis of calcifying

tendinosis had been arrived upon. The attending provider's progress note did not outline prior radiology results involving the affected shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy x 3 sessions right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/22433113>.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: No, the request for an additional 3 sessions of extracorporeal shock wave therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that some medium quality evidence supports usage of extracorporeal shock wave therapy for the specific diagnosis of calcifying tendinitis of the shoulder, here, however, the documentation on file, including the September 23, 2015 office visit at issue failed to substantiate a diagnosis of calcifying tendinitis of the shoulder. While the treating provider stated on September 23, 2015 that calcifying tendinitis was one of the operating diagnoses here, the treating provider failed to furnish radiographic corroboration of calcific deposits about the shoulder evident on that date. It was further noted that the request in question represented a request for an extension or a renewal of previously performed extracorporeal shock wave therapy. However, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant had seemingly failed to profit following receipt of earlier extracorporeal shock wave therapy through the date of the request. The applicant remained dependent on a variety of opioid and non-opioid agents, the treating provider acknowledged on September 23, 2015, including Norco, Cymbalta, naproxen, Flexeril, etc. Receipt of earlier extracorporeal shock wave therapy, thus, failed to curtail the applicant's dependence on analgesic medications. The applicant's permanent work restrictions were renewed on September 23, 2015, seemingly unchanged from prior visits, despite receipt of earlier unspecified amounts of extracorporeal shock wave therapy through the date of the request. The applicant was off of work, the treating provider acknowledged, with said limitations in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of unspecified amounts of extracorporeal shock wave therapy through the date of the request. Therefore, the request was not medically necessary.