

Case Number:	CM15-0215672		
Date Assigned:	11/05/2015	Date of Injury:	11/25/2014
Decision Date:	12/23/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/03/2015

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 25 year old male who sustained an industrial injury on 11-25-14. Of note, several documents within the submitted medical records are ineligible. The injured worker reported discomfort in the cervical spine with upper extremity radiation, lumbar spine, and left knee. A review of the medical records indicates that the injured worker is undergoing treatments for chronic joint dysfunction of the cervical spine with referred pain, rule out cubital tunnel syndrome and lumbar spine joint dysfunction. Provider documentation dated July of 2015 noted the work status as modified work duties. Treatment has included chiropractic treatments, physical therapy, wrist braces, and shockwave treatment. Objective findings dated July of 2015 were notable for tenderness to cervical and lumbar spine. The original utilization review (10-13-15) denied a request for High and/or Low Energy Extracorporeal Shockwave treatment, left shoulder, Qty 4.

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, left shoulder, Qty 4:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Criteria for use of Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Medscape "Calcifying Tendonitis" <http://emedicine.medscape.com/article/1267908-overview#a6>.

Decision rationale: The injured worker sustained a work related injury on 11-25-14. The medical records provided indicate the diagnosis of undergoing treatments for chronic joint dysfunction of the cervical spine with referred pain, rule out cubital tunnel syndrome and lumbar spine joint dysfunction, left shoulder/sprain/strain and tendonitis. The medical records provided for review do not indicate a medical necessity for High and/or Low Energy Extracorporeal Shockwave treatment, left shoulder, Qty 4. Medscape states that the highest incidence of shoulder calcific tendonitis is in adults aged 30-50 years. Also, Medscape recommends X-ray shoulder for confirmation of diagnosis. However, the injured worker is 25 years of age, shoulder X-ray report was not included in the documented reviewed; therefore, it is not clear how the diagnosis of shoulder Tendonitis was made. The MTUS does not recommend Shockwave treatment of the shoulder except in cases of Calcific Tendinitis; besides, the MTUS recommends does not recommend the use of low energy shockwave for the shoulder. Therefore the request is not medically necessary.