

<b>Case Number:</b>	CM15-0217821		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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

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 46 year old male, who sustained an industrial injury on 7-29-2013. Diagnoses include adhesive capsulitis, status post right shoulder subacromial decompression and distal clavicle resection arthroscopy 8-11-14. Treatments to date include activity modification, medication therapy, acupuncture treatments, cortisone injection, chiropractic therapy, and physical therapy. The records documented intolerance to "prescription medication" including Celebrex, due to stomach pain. The records indicated a history of right shoulder surgery with ongoing pain despite physical therapy, chiropractic therapy, rest, and medications. On 7-15-15, a right shoulder MR arthrogram revealed tendinosis and a partial thickness tear involving the supraspinatus tendon. On 8-18-15, the records indicated ongoing pain in the right shoulder. He reported completing one session of shockwave therapy was completed and resulted in decreased level of pain, improved range of motion, and improved function. The treating diagnoses included tendinopathy-tendinitis right shoulder, adhesive capsulitis, status post arthroscopy in 2014. The plan of care included a second series of three shockwave therapy sessions. On 9-2-15, he was evaluated by orthopedic specialist, and complained of ongoing pain in the right shoulder and upper back, associated with popping, and difficulty sleeping on the right side. The physical examination documented limited range of motion of the shoulder with tenderness. The plan of care included a right shoulder surgery. Upon re-evaluation on 9-24-15, three shockwave therapy sessions were completed with reported improvement in functional ability and decreased pain including increased tolerance to activity and improved range of motion. There was no change in subjective or objective findings. The plan of care included three additional shockwave therapy

sessions. The appeal requested authorization for three (3) additional extracorporeal shockwave therapy sessions for the right shoulder. The Utilization Review dated 10-5-15, denied the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Extracorporeal Shockwave Therapy-3 additional sessions for the right shoulder 30 minutes per session: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder, Elbow and Ankle and Foot Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Extracorporeal Shockwave Treatment.

**Decision rationale:** The current request is for EXTRACORPOREAL SHOCKWAVE THERAPY-3 ADDITIONAL SESSIONS FOR THE RIGHT SHOULDER 30 MINUTES PER SESSION. Treatments to date include right shoulder surgery (08/11/14), activity modification, medication therapy, acupuncture treatments, cortisone injection, chiropractic therapy, and physical therapy. The patient's work status was not addressed. ODG Guidelines, Shoulder Chapter, under Extracorporeal Shockwave Treatment (ESWT) states: Recommended for calcifying tendinitis, but not for other disorders, for patients with calcifying tendinitis of the shoulder in homogeneous deposits, quality evidence have found extracorporeal shock wave therapy equivalent or better than surgery and it may be given priority because of its non-invasiveness. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. This patient is status post right shoulder subacromial decompression and distal clavicle resection arthroscopy on 08/11/14. Per report 09/24/15, the patient presents with ongoing pain in the right shoulder and upper back, with associated popping in the shoulder. The physical examination documented limited range of motion of the shoulder with tenderness. The plan of care included a right shoulder surgery. This is a request for additional three extracorporeal shockwave therapy for the right shoulder. The treater states that the patient has calcifying tendinitis of the right shoulder and the previous three shockwave therapy sessions were completed with improvement in functional ability, decreased pain, increased tolerance to activity and improved range of motion. Although benefits were noted following the initial 3 ESWT sessions, ODG contraindicates ESWT for "Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid

injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition." This patient is s/p right shoulder surgery from 2014, and the treater is recommended further surgical intervention. Furthermore, ODG states Maximum of 3 therapy sessions over 3 weeks. The request for additional 3 sessions exceeds what is recommended by ODG. Therefore, the request IS NOT medically necessary.