

Case Number:	CM15-0217872		
Date Assigned:	11/09/2015	Date of Injury:	11/03/2014
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 44 year old, female who sustained a work related injury on 11-3-14. A review of the medical records shows she is being treated for eight shoulder pain. In the progress notes dated 7-20-15 and 9-14-15, the injured worker reports ongoing right shoulder pain. She rates the pain level a 6 out of 10. This pain level has not changed much in the last few office visits. Upon physical exam dated 9-14-15, she has tenderness to palpation of the acromio-clavicular joint. There is audible crepitation of flexion and extension with right shoulder pain. She has decreased right shoulder range of motion. She has a positive Neer's test. Treatments have included chiropractic treatments-unknown number of sessions, acupuncture-unknown number of sessions, and medications. Current medications include Naproxen and Protonix. She is temporarily totally disabled. The treatment plan includes requests for shock wave therapy to right shoulder and right wrist, for an orthopedic surgery consult, for a TENS unit, for a hot-cold pack- wrap and refill of medications. The Request for Authorization dated 9-14-15 has requests for an orthopedic surgery consult and extracorporeal shock wave therapy. In the Utilization Review dated 10-16-15, the requested treatments of extracorporeal shock wave therapy to right shoulder and right wrist and an orthopedic surgery consultation are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgery consultation (right shoulder and right wrist): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American College of Occupational and Environmental Medicine) page 127 and Official Disability Guidelines (ODG) Low Back Chapter Evaluation and Management (E&M).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: ACOEM addresses the need for orthopedic specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case do indicate a failure to respond to conservative therapy but an orthopedic surgery referral was already approved based on a request from July 2015. There is no documentation of the outcome of this already approved orthopedic consult and therefore there is no indication for a second orthopedic surgery consultation. Therefore, the request for an Orthopedic surgery consultation (right shoulder and right wrist) is not medically necessary.

Extracorporeal Shock Wave therapy x3 to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter criteria for the use of Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extracorporeal Shock Wave Therapy.

Decision rationale: CA MTUS is silent on the use of extracorporeal shock wave therapy (ESWT). ODG states that its use may be useful for calcifying tendonitis of the shoulder when symptoms have persisted for six months despite at least 6 months of conservative therapy to include at least three of the following: rest, ice, physical therapy, steroid injections, NSAID, orthotics. Sessions should occur no more than three times a week for three weeks. ESWT is not indicated for other shoulder disorders. There is no diagnosis of calcifying tendonitis in this case. Extracorporeal shock wave therapy of the shoulder is not medically indicated or necessary.

Extracorporeal Shock Wave therapy x3 treatment to the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, Extracorporeal Shock Wave Therapy.

Decision rationale: CA MTUS is silent on the use of extracorporeal shock wave therapy (ESWT). ODG states it is not indicated for treatment of carpal tunnel syndrome or for other disorders of the wrist. Extracorporeal shock wave therapy of the wrist is not medically indicated or necessary.