

Case Number:	CM15-0218580		
Date Assigned:	11/10/2015	Date of Injury:	09/26/2014
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/06/2015

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: 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:

This is a 58-year-old female who sustained a work-related injury on 9-26-15. Medical record documentation on 10-1-15 revealed the injured worker was being treated for tendinopathy - calcific tendinitis of the right shoulder. She reported right shoulder pain which she rated an 8 on a 10-point scale. She completed two sessions of shockwave therapy for the right shoulder, which facilitated improved range of motion and diminution of pain up to 3 points on a 10-point scale. Shockwave therapy improved her right shoulder flexion, abduction, internal rotation and external rotation by 40 degrees. Objective findings included diffuse right shoulder tenderness and improved range of motion with flexion to 120 degrees, abduction to 110 degrees, external rotation to 80 degrees and internal rotation to 80 degrees. She had 4+ and 5 motor power in the right deltoid in all planes. Previous therapy for the right shoulder tried and failed included physical therapy, injections, home exercise program and activity modification. A request for shockwave therapy times 3 sessions 30 minutes per session for the right shoulder was received on 10-19-15. On 10-23-15, the Utilization Review physician determined shockwave therapy times 3 sessions 30 minutes per session for the right shoulder was not medically necessary.

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 30 min/session and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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/Extracorporeal shock wave therapy (ESWT).

Decision rationale: According to ODG, Extracorporeal shock wave therapy (ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. In this case, the injured worker is diagnosed with calcifying tendinitis and has undergone two out of three shockwave therapy sessions. Request is made for an additional 3 sessions. ODG notes that the criteria for the use of Extracorporeal Shock Wave Therapy (ESWT) is maximum of 3 therapy sessions over 3 weeks. Give that the injured worker has been approved for three sessions and has one more session remaining, the request for an additional 3 sessions is not supported. The request for Shockwave therapy x 3 sessions 30 min/session and right shoulder is not medically necessary and appropriate.