

Case Number:	CM15-0221706		
Date Assigned:	11/17/2015	Date of Injury:	02/04/2011
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/11/2015

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, 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 a 49 year old male patient, who sustained an industrial injury on 2/4/2011. The diagnoses include status post right shoulder manipulation under anesthesia. He sustained the injury due to cumulative trauma. According to progress note dated April 21, 2015, he had complaints of right shoulder pain and stiffness. The objective findings include tenderness about the right shoulder, the range of motion testing- forward flexion of 160 degrees. Per the progress report from the treating physician, dated 06-12-2015, he reported pain in the right anterior knee, left anterior knee, right shin, right ankle, right foot, left shin, left ankle, left foot, left calf, left ankle, left foot, right calf, right ankle, right foot, right anterior shoulder, right anterior arm, upper thoracic, right cervical dorsal, right posterior shoulder, right mid thoracic, mid thoracic, right clavicular, right anterior wrist, left posterior knee, and right posterior knee. He reported numbness and tingling in the right calf, right ankle, left calf, left ankle, and right anterior wrist; notable anxiety and stress; insomnia. He had worsened symptoms with walking, sitting, and standing and it was better with pain medication. The provider noted that a topical compounded cream was prescribed "to reduce pain, increase function and mobility, and decrease the need of additional oral medications". Objective findings included palpable tenderness at the lumbar, right sacroiliac, left sacroiliac, sacral, left and right buttock, right anterior shoulder, and the right and left anterior wrist; and decreased lumbar spine, right and left shoulder ranges of motion. Medications have included Dexilant, Gaviscon, and topical compounded cream. He had left knee MRI on 5/20/13, 2/22/13; MRI right knee on 2/22/13. His surgical history includes right carpal tunnel release, right shoulder surgery in 3/2013, left knee surgery in 12/2012 and right shoulder manipulation under anesthesia on April 10, 2015. He had 15 sessions postoperative physical therapy for the right shoulder and cortisone injections for this injury. The RFA

(request for authorization) dated June 13, 2015; the following treatments were requested shock wave therapy for the right shoulder 4 sessions. The UR (utilization review board) denied certification on October 27, 2015; for shockwave therapy for the right shoulder time 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy right shoulder x4: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 10/26/15) Extracorporeal shock wave therapy (ESWT).

Decision rationale: Q-- Shockwave therapy right shoulder x4 Per the cited guidelines "Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder." Per the ODG Extracorporeal shock wave therapy (ESWT) is "Recommended for calcifying tendinitis but not for other shoulder disorders." Evidence of calcifying tendinitis is not specified in the records provided. Per the cited guidelines there is no high grade scientific evidence to support the use of shockwave treatment for this diagnosis. Failure to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The Shockwave therapy right shoulder x4 is not medically necessary in this patient.