

Case Number:	CM15-0033335		
Date Assigned:	03/26/2015	Date of Injury:	10/28/2009
Decision Date:	04/20/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 65 year old male who sustained an industrial injury on 10/28/2009. Diagnoses include status post shoulder surgery, knee surgery, brachial neuritis, radiculitis, and lumbago. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, psychology sessions, lumbar facet nerve blocks, and acupuncture. A physician progress note dated 01/20/2015 documents the injured worker has ongoing neck, shoulder and back pain. He is depressed and takes medications. There is limited range of motion to the lumbar spine. Treatment requested is for extracorporeal shockwave therapy right shoulder 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy right shoulder 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, ESWT.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines Extracorporeal Shockwave Therapy.

Decision rationale: MTUS Guidelines recommend the use of shockwave therapy only if there is a clear diagnosis of calcific tendonosis that has not responded to other treatments. ODG Guidelines provide additional details noting that a maximum of 3 sessions is recommended if there is a qualifying diagnosis of calcific tendonitis. The request for 6 sessions of shockwave therapy is not Guideline supported due to the lack of a qualifying diagnosis and the extent of the request. The Extracorporeal Shockwave Therapy right shoulder 2X's 3 weeks is not medically necessary.