

Case Number:	CM15-0034245		
Date Assigned:	04/02/2015	Date of Injury:	12/16/2011
Decision Date:	07/22/2015	UR Denial Date:	01/28/2015
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: 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 60-year-old male who sustained an industrial injury on 12/16/2011. Current diagnoses include cervical spine disc degeneration, thoracic spine sprain/strain, lumbar spine disc rupture, right shoulder surgery, and left shoulder strain. Previous treatments included medication management, and right shoulder surgery. Report dated 12/23/2014 noted that the injured worker presented with complaints that included erection problems, pain in the lower back, upper back, and right shoulder/arm. Pain level was not included. Physical examination was positive for decreased sensation in the right lateral shoulder, and right dorsal thumb web. The treatment plan included requests for extracorporeal shockwave therapy, chiropractic, transportation, consultations with internal medicine, psyche, pain medicine, orthopedic, and urology, and follow up in 5 weeks. Disputed treatments include extracorporeal shockwave therapy 1 x week x 3 weeks, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave therapy 1 x week x 3 weeks, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder; 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 Shoulder (Acute & Chronic), extracorporeal shockwave therapy (ESWT).

Decision rationale: The patient complains of pain in cervical spine, thoracic spine, lumbar spine, and bilateral shoulders, as per progress report dated 12/23/14. The request is for EXTRACORPOREAL SHOCKWAVE THERAPY 1 X WEEK X 3 WEEKS, RIGHT SHOULDER. The RFA for the case is dated 01/20/15, and the patient's date of injury is 12/16/11. Diagnoses, as per progress report dated 12/23/14, included cervical disc bulges, thoracic spine strain, lumbar spine disc rupture, and left shoulder strain. The patient is status post right shoulder surgery on 04/30/14 and is off work, as per the same progress report. OGD Guidelines, Shoulder (Acute & Chronic), extracorporeal shockwave therapy (ESWT) states: "ESWT for shoulder problems: Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patient 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." In this case, only one progress report dated 12/23/14 is available for review. While the progress report mentions the request for shock-wave therapy, the treater does not explain how the patient will benefit from this treatment. There is no documentation of calcific tendinitis. The treater does not discuss the patient's response to conservative treatments such as medications and physical therapy. The request is not in accordance with guideline criteria. Therefore, the request IS NOT medically necessary.