

Case Number:	CM15-0034750		
Date Assigned:	03/03/2015	Date of Injury:	12/02/2013
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/24/2015

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:

The injured worker is a 40-year-old male who sustained an industrial related injury on 12/2/13. The injured worker had complaints of right shoulder pain and low back pain with stiffness, weakness, and muscle spasms. Physical examination findings included palpable tenderness over the paraspinal muscles of the lumbar spine with muscle spasms over the paralumbar muscles. Bilateral Kemp's test was positive and decreased lumbar range of motion in all planes secondary to pain was noted. Palpable tenderness over the acromioclavicular joint, subacromial joint, deltoid and posterior region of the right shoulder was noted. Positive impingement sign, positive Supraspinatus test, and decreased range of motion were noted for the right shoulder. Diagnoses included lumbar spine discopathy, lumbar spine radiculitis, and right shoulder impingement syndrome. The treating physician requested authorization for shockwave therapy three sessions for the right shoulder. On 2/6/15, the request was non-certified. No rationale was noted in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock wave therapy for three sessions for the right shoulder: 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) Chapter: Shoulder (Acute & Chronic) Section: Extracorporeal Shock Wave Therapy.

Decision rationale: The Official Disability Guidelines comment on the use of Extracorporeal Shock Wave Therapy (ESWT) as a treatment modality. These guidelines state the following: Recommended for calcifying tendinitis but not for other shoulder disorders. Calcifying tendonitis: For patients with calcifying tendinitis of the shoulder with inhomogenous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. In treating calcifying tendonitis, both high-energy and low-energy ESWT provide a beneficial effect on shoulder function, as well as on self-rated pain and diminished size of calcifications, but high-energy ESWT appears to be superior to low-energy ESWT. While the findings indicate there may be a treatment effect from ESWT for tendinitis of the shoulder, the protocols need to be confirmed in high-quality randomized clinical trials. Other shoulder disorders: There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. For nonspecific chronic shoulder pain, supervised exercises are more effective than shockwave treatment, according to this RCT. The investigators found a treatment effect favoring supervised exercises at 6, 12, and 18 weeks, and compared with the shockwave-treatment group, the group treated with supervised exercises had a significantly higher proportion of patients who improved in terms of shoulder pain and disability scores (64% vs 36%; odds ratio 3. 2). Additional treatment between 12 and 18 weeks was needed in more patients in the shockwave-treatment group than in the exercise group, and fewer patients returned to work. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients 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, the records indicate that the patient does not meet these Official Disability Guidelines for the use of ESWT for this patient's shoulder condition. The patient has impingement syndrome, not calcific tendonitis. For this reason, shock wave therapy for three sessions to the right shoulder is not considered as a medically necessary treatment.