

Case Number:	CM15-0035306		
Date Assigned:	03/03/2015	Date of Injury:	08/26/2013
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/25/2015

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 57 year old female, who sustained an industrial injury on August 26, 2013. The diagnoses have included bilateral shoulder pain, bilateral shoulder impingement syndrome and bilateral shoulder rotator cuff tear and left shoulder adhesive tendinitis. Treatment to date has included medication and physical therapy. Currently, the injured worker complains of continued right and left shoulder pain. She reports dull, achy sharp right shoulder pain and weakness. She reports dull and achy left shoulder pain associated with stiffness and weakness. She rates her pain a 5 on a 10-point scale. On examination, the injured worker has tenderness to palpation of the right and left shoulder and limited range of motion of the left shoulder. An MRI of the left shoulder on October 28, 2014 revealed supraspinatus partial tendon tear versus tendinosis, infraspinatus tendinosis, fluid in the superior subscapularis recess, AC joint osteoarthritis and an anterior inferior downsloping of the lateral acromion. An MRI of the right shoulder on October 28, 2014 revealed supraspinatus and infraspinatus partial tendon tears, AC joint osteoarthritis and an inferior downsloping of the anterior acromion. On February 4, 2015 Utilization Review non-certified a request for extracorporeal shock wave therapy of the bilateral shoulders, noting that the injured worker did not have one of the approved diagnoses for which extracorporeal shock wave therapy is recommended. The California Medical Treatment Utilization Schedule was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of extracorporeal shock wave therapy of the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy for the Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, shockwave therapy.

Decision rationale: According to the 01/20/2015 progress report, this patient presents with intermittent dull, achy sharp pain of the bilateral shoulder. The current request is for Extracorporeal Shockwave Therapy for the Bilateral Shoulders. The treating physician states, "tendinosis to increase functional capacity, increase range of motion, increase activities of daily living, and decrease pain." The request for authorization is on 12/19/2014. The patient's work status is to remain off-work until 02/02/2015. Regarding shockwave therapy, MTUS does not discuss ESWT for the shoulder, however ODG guidelines does discuss ESWT, "Extracorporeal shock wave therapy (ESWT) has been suggested to be an effective treatment option for treating calcific tendinitis of the shoulder before surgery, but after conservative treatments, including physical therapy, iontophoresis, deep friction, local or systemic application of noninflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection." In reviewing the medical reports provided, the treating physician does not document "calcific tendinitis" of the shoulder. There was no documentation of conservative treatments, including physical therapy, iontophoresis or deep friction found in the medical records provided. The examination shows tenderness to palpation of the AC joint, anterior shoulder, GH joint and supraspinatus muscle. Supraspinatus Press is positive. The requested shockwave therapy for the bilateral shoulder without documentation of "calcific tendinitis" are not supported by the ODG guidelines. Therefore, the request IS NOT medically necessary.