

<b>Case Number:</b>	CM15-0040025		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Arizona, 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 was a 61-year-old female, who sustained an industrial injury, April 17, 2014. According to progress note of January 21, 2015, the injured workers chief complaint was cervical, right and left shoulder pain. The physical findings the injured worker was experiencing diminished sensation of the long finger, lateral shoulder, left thumb tip and pain in the right and left shoulders and neck. The injured worker was diagnosed with chronic pain syndrome, cervical disc bulge, right shoulder internal derangement with rotator cuff tear and left shoulder internal derangement. The injured worker previously received the following treatments chiropractic services, Cyclobenzaprine, MRI of the left shoulder, MRI of the cervical neck, EMG/NCV (electromyography/nerve conduction velocity studies) of the bilateral upper extremities, physical therapy, random toxicology laboratory studies and ice. The treatment plan included 1 shockwave therapy for right shoulder and 1 orthopedist consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Shock wave for right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG guidelines and shoulder chapter- ESWT Page(s): 15.

**Decision rationale:** According to the guidelines, ESWT is indicated for calcifying tendonitis but not other shoulder disorders. An MRI on 8/20/14 did not indicate calcifying tendonitis but rather tendinopathy. The request for shockwave therapy is therefore not medically necessary.

**1 Orthopedist consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 209, 210, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), pain chronic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain- office - office visits- ODG guidelines pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the referral to an orthopedist was not substantiated. Recent notes from 2/25/15 indicate breast numbness and left foot tingling. There were no specific bone or muscle surgical concerns for referral. The request for an orthopedic consultation is not medically necessary.