

Case Number:	CM15-0043415		
Date Assigned:	03/16/2015	Date of Injury:	10/15/2007
Decision Date:	04/17/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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, Pain Management

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 54 year old female, who sustained an industrial injury on 10/15/2007. She reported pain at her right elbow, forearm and hand while stacking manuals in a cupboard. The diagnoses have included cervical musculoligamentous sprain/strain and bilateral upper extremities radiculitis and left shoulder periscapular sprain/strain with calcific peritendinitis of the supraspinatus tendon. Treatment to date has included physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 1/7/2015, the injured worker complained of increased symptoms in the left shoulder. Pain level was rated 6/10. Exam of the left shoulder revealed tenderness to palpation over the subacromial region, acromio-clavicular (AC) joint and supraspinatus tendon. Impingement test was positive. Authorization was requested for left shoulder Extracorporeal Shockwave Therapy (ESWT) due to ongoing symptoms and positive diagnostic ultrasound findings of calcification. 7/29/14 shoulder ultrasound report notes no evidence of calcification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy to left shoulder x 3: Upheld

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

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

Decision rationale: Regarding the request for shockwave therapy, CA MTUS and ACOEM support the use of extracorporeal shock wave therapy for calcific tendinitis of the shoulder. Within the documentation available for review, the provider notes that a prior diagnostic ultrasound identified calcification, but the diagnostic ultrasound report does not identify any findings consistent with this diagnosis. In the absence of clarity regarding the above issues, the currently requested shock wave therapy is not medically necessary.