

<b>Case Number:</b>	CM15-0061880		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 66-year-old male, who sustained an industrial injury on 1/18/08. He reported initial complaints of shoulder pain. The injured worker was diagnosed as having sprains and strain shoulder and upper arm; internal derangement of left shoulder. Treatment to date has included medication and surgery (right wrist 2/3/14). Currently, the injured worker complains of pain to neck, back, bilateral shoulders, bilateral wrists, and right middle finger. Per the primary physician's progress report (PR-2) dated 2/18/15, there is diminished sensation to the right lateral shoulder, right thumb tip, right long tip, right small tip. Current plan of care include surgery due the injured workers request. The requested treatments include Extracorporeal Shockwave Therapy 1x3 Visits L Shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy 1x3 Visits L Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Work Loss Data Institute.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Extracorporeal Shockwave Therapy.

**Decision rationale:** Pursuant to the Official Disability Guidelines, extracorporeal shock wave therapy times three visits to the left shoulder are not medically necessary. ESWT is indicated for calcified tendinitis but not other shoulder disorders. The criteria include pain from calcified tendinitis of the shoulder despite six months of standard treatment. At least three conservative treatments have been performed prior to use ESWT; rest, ice, non-steroidal anti-inflammatory drugs, orthotics, physical therapy, injections; maximum of three therapy sessions over three weeks. In this case, the injured worker's working diagnoses are cervical spine disc bulges; lumbar spine disc bulges with radiculopathy; possible right shoulder and left shoulder internal derangement; right wrist surgery; left carpal tunnel syndrome; and right middle finger surgery. The medical record contains 18 pages. There is one progress note dated February 18, 2015. The treatment plan requests extracorporeal shock wave therapy times 3. Extracorporeal shock wave therapy is indicated for calcified tendinitis but not other shoulder disorders. The injured worker does not have a diagnosis of calcified tendinitis. Subjectively, the injured worker has complaints of pain in the neck, low back, right and left shoulder, right and left wrist and hand; and right middle finger. There is no clinical rationale in the medical record for extracorporeal shock wave therapy based on the guideline recommendations. Consequently, absent clinical documentation with an appropriate diagnosis pursuant to the recommended guidelines, extracorporeal shock wave therapy times three to the left shoulder are not medically necessary.