

Case Number:	CM15-0081877		
Date Assigned:	05/04/2015	Date of Injury:	05/05/2011
Decision Date:	06/30/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

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 55 year old female, who sustained an industrial injury on 05/05/2011. According to a progress report dated 02/24/2015, the injured worker complained of activity-dependent minimal neck pain, stiffness and tingling radiating to the right arm with cramping and muscle spasms. She also reported minimal upper/mid back pain, stiffness, occasional minimal right shoulder pain, and stiffness with muscle spasms. There was tenderness to palpation and muscle spasm of the cervical paravertebral muscles. Shoulder depression was positive bilaterally. There was tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder. Supraspinatus press was positive. Diagnoses included cervical muscle spasm, cervical radiculopathy, cervical sprain/strain, rule out cervical disc protrusion, thoracic myospasm, thoracic sprain/strain, right shoulder impingement syndrome and right shoulder sprain/strain. The treatment plan included chiropractic care 2 x 4 to increase range of motion, activities of daily living and to decrease pain and extracorporeal shock wave therapy for the right shoulder to increase functional capacity, increase range of motion, increase activities of daily living and to decrease pain. Currently under review is the request for extracorporeal shock wave therapy for the right shoulder and 8 sessions of chiropractic care for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy for right shoulder times 3 (to increase functional capacity, increase range of motion (ROM), increase activities of daily living (ADL'S) and decrease pain): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: The claimant sustained a work injury in May 2011 and continues to be treated for cervical and thoracic spine pain and right shoulder pain. When seen, there was decreased cervical spine range of motion with paraspinal muscle tenderness. Shoulder depression testing was positive bilaterally. There was decreased right shoulder range of motion with tenderness and positive Supraspinatus Press test. An MRI of the right shoulder on 12/13/14 showed findings of rotator cuff tendinosis and a joint effusion. Extracorporeal shock wave therapy (ESWT) can be recommended for calcifying tendinitis of the shoulder with up to 3 treatment sessions over three weeks. In this case, the claimant does not have a diagnosis of calcific tendinitis. The request is therefore not medically necessary.

Chiropractor right shoulder 2 times 4 (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG: Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The claimant sustained a work injury in May 2011 and continues to be treated for cervical and thoracic spine pain and right shoulder pain. When seen, there was decreased cervical spine range of motion with paraspinal muscle tenderness. Shoulder depression testing was positive bilaterally. There was decreased right shoulder range of motion with tenderness and positive Supraspinatus Press test. An MRI of the right shoulder on 12/13/14 showed findings of rotator cuff tendinosis and a joint effusion. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of additional treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.