

<b>Case Number:</b>	CM15-0085042		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	08/24/2010
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 49 year old female, who sustained an industrial injury on 08/24/2010. Treatment to date has included medications, chiropractic therapy, and injections. Currently, the injured worker complains of low back pain which she rates a 6 on a 10-point scale. She reports that the pain is decreased from the previous visit at which time the pain was rated a 7 on a 10-point scale. She also has mid and upper back pain which is rated a 3 on a 10-point scale. On physical examination she has tenderness to palpation over the thoracic and lumbar paraspinal muscles and trigger points are noted. The diagnoses associated with the request include thoracic musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain with radiculitis and lumbar spine myofascial pain syndrome. Her treatment plan has included chiropractic therapy and extracorporeal shockwave 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:

**4 ECSWT of bilateral shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESWT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter, (ESWT) EXTRACORPOREAL SHOCKWAVE THERAPY.

**Decision rationale:** The patient was injured on 08/24/10 and presents with pain in the bilateral shoulders, bilateral forearms, and bilateral wrists. The request is for 4 EXTRACORPOREAL SHOCKWAVE THERAPY OF BILATERAL SHOULDER. There is no RFA provided and the patient is on temporary total disability until 05/07/15. The 04/01/15 ECSWT report indicates that the patient has already had 4 extracorporeal shockwave procedures to date. None of the reports provided indicate how these prior shockwave therapy sessions impacted the patient's pain and function. MTUS Guidelines and ACOEM Guidelines do not discuss extracorporeal shockwave treatments. ODG Guidelines under ESWT under the shoulder chapter states, "recommended for calcifying tendonitis, but not for other disorders, for patients with calcifying tendonitis of the shoulder and homogenous deposits, quality evidence had found extracorporeal shockwave therapy equivalent or better than surgery, and it may be given priority because of its noninvasiveness." The patient rates her bilateral shoulder pain as a 6/10. There is grade 2 tenderness to palpation over both the right/left shoulder and a restricted range of motion. The patient is diagnosed with bilateral shoulder sprain/strain, right shoulder tendinitis, and rule out right shoulder rotator cuff tear. Treatment to date includes medications, chiropractic therapy, and injections. There is no indication of the patient having calcifying tendonitis, as indicated by ODG guidelines. Therefore, the request for shockwave therapy for the bilateral shoulder is not in accordance with ODG guidelines and IS NOT medically necessary.