MAXIMUS Federal Services

| Case Number: | CM15-0086732 | | |
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| Date Assigned: | 05/11/2015 | Date of Injury: | 12/13/2012 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

## 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, North Carolina
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 is a 29-year-old female who sustained an industrial injury on 12/13/12 with prior right hand and shoulder pain in 2010. In 12/12 she was seen by her private physician who diagnosed carpal tunnel syndrome (no testing was done) and she was treated with medication, a wrist brace and physical therapy. After the injury was reported to her employer, she was medically evaluated and received x-rays and MRI of the right shoulder, medications and physical therapy. In 20 13 she was diagnosed with right shoulder tendinitis and impingement, rule out rotator cuff tear; right de Quervain's syndrome; possible carpal tunnel syndrome on the right; intersegmental dysfunction cervicothoracic junction secondary to right shoulder diagnoses. She received orthopedic consult, chiropractic care, ibuprofen and a thumb spica splint. She currently complains of neck pain radiating to the right shoulder and arm; spasms in the thoracic spine; right shoulder pain and feels like its locking with a 9/10 pain level; cracking, sharp right wrist pain when rotating the wrist. She experiences sleep difficulties due to right shoulder pain. On physical exam there is tenderness on palpation of the cervical paravertebral muscles and right trapezius; there is tenderness to palpation of the cervicothoracic junction, right; she has limited range of motion with the right shoulder, multidirectional pain worse with abduction and flexion and tenderness on palpation of the acromioclavicularjoint, medial border of the scapula, posterior shoulder and supraspinatus with positive Speeds and Neers' tests on the right; right wrist exhibits grinding on the ulnar side of the wrist. She is independent with activities of daily living. Diagnoses include cervical dysfunction; cervical radiculitis; thoracic dysfunction; right shoulder bursitis; right shoulder impingement syndrome; right shoulder lateral

derangement; right de Quervain's disease; right tenosynovitis. Treatments to date include cortisone injection to the right shoulder (1/15/15) with more than 50% improvement; physical therapy (six sessions) right shoulder with some improvement in range of motion but locking pain is not improving. Diagnostics include MRI of the right wrist (1/27/15). Utilization review dated 4/28/15 reviewed a request for shock wave therapy to the right shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy right shoulder 6 treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 195.

**Decision rationale:** The request is for shockwave treatment therapy (ESWT) to the right shoulder in order to avoid surgery. The claimant's date of injury was in December, 2012. The diagnoses include cervical dysfucntion, cervical radiculitis, thoracic dysfunction, right shoulder bursitis and impingement syndrome, and right shoulder internal derangement. ESWT is not supported by high-quality medical studies. There is also a lack of documentation in the records submitted to justify ESWT. Therefore, the request is deemed not medically necessary.