

Case Number:	CM14-0126657		
Date Assigned:	08/13/2014	Date of Injury:	04/09/2011
Decision Date:	09/19/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45 year old female who was injured on 04/09/2011 while performing her usual and customary work duties when she injured her shoulders, wrists, and low back. Progress report dated 04/21/2014 indicates the patient presented with complaints of sharp bilateral shoulder pain, right greater than left and rates it as 7/10 and left shoulder pain as 8/10. Her pain is constant, frequent, and moderate to severe. There is pain in both wrists that is sharp, stabbing, bilateral wrist pain and cramping, greater on the left. Her pain is rated as 7/10 and right wrist pain as 6/10. Her pain is aggravated by gripping, grasping, and performing. The low back pain is rated as 7/10. On exam, bilateral shoulder revealed 2+ tenderness to palpation at the rotator cuff tendon. Range of motion of bilateral shoulders revealed flexion to 110 on the left and 85 on the right; extension to 40 degrees on the left and 20 on the right; abduction to 75 on the left and 80 on the right; adduction to 30 on the left; and 35 on the right; internal rotation to 40 on the left and 50 on the right; external rotation to 30 on the left and 40 on the right. Bilateral wrist exam revealed flexion to 30 on the left and 45 on the right; extension to 25 on the left and 15 on the right; radial deviation to 10 on the left and 15 on the right; and ulnar deviation to 10 on the left and 15 on the right. Lumbar spine exam revealed Flexion to 15; extension to 15; left lateral flexion to 10; and right lateral flexion to 07. Straight leg raise is positive at 30 on the right and 45 on the left in the supine position; kemp's test is positive as well. The patient has a diagnosis of bilateral shoulder pain, carpal tunnel syndrome bilaterally; bilateral wrist subchondrial cyst; carpal tunnel syndrome of the wrists, lumbar spine HNP; lumbar radiculopathy; and low back pain. She has be recommended to continue neurostimulation therapy. Prior utilization review dated 08/06/2014 states the request for 12 Extra corporeal Shock wave therapy is denied as the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Extra corporeal Shock wave therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Shock Wave Therapy.

Decision rationale: According to MTUS guidelines, shock wave therapy may be of benefit for calcific tendinitis of the shoulder. According to (ODG) Official Disability Guidelines, shock wave therapy is not recommended for the low back. In this case there is no evidence of calcific tendinitis. The request is not medically necessary and appropriate.