

Case Number:	CM14-0141999		
Date Assigned:	09/19/2014	Date of Injury:	06/11/2012
Decision Date:	10/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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 injured worker is a 41-year-old female who reported a work related injury on 06/11/2012 was due to a car crashing into her office. The injured worker's diagnosis consists of shoulder scapular bursitis. The injured worker's past treatment was not provided for review. Diagnostics include a normal EMG of the upper extremities with no evidence of radiculopathy on an unspecified date. Upon examination on 06/18/2014, the injured worker complained of activity dependent right shoulder pain and stiffness that radiated to the neck with numbness and tingling that she rated as a 7/10 to 8/10 on the VAS pain scale. Upon physical examination of the right shoulder, range of motion was decreased and pain relief. Flexion and abduction was 100 degrees, and extension is 30 degrees. There was tenderness along the anterior shoulder with spasm. Speed's test, Dawbarn's and Yergason's caused pain on the right side. The injured worker's medications were not provided for review. The treatment plan consisted of NCV/EMG, shock wave physical therapy, and acupuncture. The rationale for the request was not submitted for review. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE THERAPY AT [REDACTED] (RIGHT SHOULDER) * FREQUENCY AND DURATION NOT INDICATED: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER

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

Decision rationale: The Official Disability Guidelines state that extracorporeal shockwave therapy is recommended for calcifying tendinitis but not of other shoulder disorders. For patients with calcifying tendinitis of the shoulder with inhomogeneous deposits, quality evidence has found extracorporeal shockwave therapy equivalent to or better than surgery, and it may be given priority because of its invasiveness. In regards to other shoulder disorders, there is no evidence of benefit and non-calcific tendinitis of the rotator cuff, or other shoulder disorder, including frozen shoulder or breaking of adhesions. Nonspecific chronic shoulder pain, supervised exercises are more effective than shockwave treatment. In regards to the injured worker, she was diagnosed with shoulder scapula bursitis and has ongoing symptoms. However, within the guidelines it specifically states that treatment is not recommended for other shoulder disorders. As such, the request for extracorporeal shockwave therapy is not medically necessary.