

Case Number:	CM14-0147075		
Date Assigned:	09/12/2014	Date of Injury:	01/31/2006
Decision Date:	10/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Licensed in Chiropractic, 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:

According to the available medical records, this is a 61 year old male patient with chronic pain in neck, arms, shoulder, date of injury is 01/31/2006. Previous treatments include medications, physical therapy, epidural injections, left shoulder surgery, home exercise program. Progress report dated 07/09/2014 by the treating doctor revealed patient complaints of constant neck pain, sharp and stabbing and radiates into the right and left upper extremity with numbness, tingling and weakness, left elbow pain, sharp and stabbing, worsened after surgery, bilateral hand pain left greater than right with numbness and tingling that increased at night. Cervical ROM: flexion 35, extension 40, left lateral flexion 35, right lateral flexion 30, left rotation 70 and right rotation 60 with slight to moderate pain, paravertebral muscles and trapezius spasms, positive Adson's test bilaterally, positive Allen's test bilaterally, positive Cervical distraction test on the left, positive George's test bilaterally, positive Maximal foraminal compression test bilaterally, positive shoulder depression test bilaterally, left DTR diminished compare to right. Palpation of the shoulders noted tenderness in the left subacromial space, soft tissue and osseous structures, left shoulder motor strength are 4/5 in all ROM, positive impingement test on the left, positive Apley scratch test on the left. Diagnoses include cervical spine HNP with radiculopathy, left elbow postop with recurrent ulnar nerve entrapment, bilateral carpal tunnel syndrome with left worse than right, sleep deprivation, stress, anxiety and depression. The patient remains temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy #6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines: Shockwave therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Extracorporeal shock wave therapy (ESWT)

Decision rationale: Review of the available medical records showed this patient with chronic shoulder impingement. MRI of the left shoulder on 09/17/2009 revealed mild supraspinatus tendinosis and type II curved acromion, repeated MRI of the left shoulder on 04/07/2011 revealed tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear, and osteoarthropathy of the AC joint, and on 08/08/2013 another left shoulder MRI revealed low grade intrasubstance partial thickness tear in the supraspinatus tendon with moderate AC joint osteoarthrosis. There is evidences of calcifying tendinitis on the left shoulder. Based on the guidelines cited, the request for Extracorporeal shock wave therapy 6x for the left shoulder is not medically necessary.