

Case Number:	CM14-0153417		
Date Assigned:	09/23/2014	Date of Injury:	03/31/2013
Decision Date:	11/12/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 records made available for review, this is a 49-year-old male with a 3/31/13 date of injury. At the time (7/2/14) of request for authorization for Shockwave therapy once every 2 weeks for 6 weeks, bilateral shoulders, there is documentation of subjective (pain and stiffness of bilateral shoulder) and objective (decreased range of motion) findings, current diagnoses (bilateral shoulder sprain/strain), and treatment to date (medications, chiropractic therapy, and physical therapy). There is no documentation of pain from calcifying tendinitis of the shoulder; and absence of contraindications (patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; patients with cardiac pacemakers; patients who had physical or occupational therapy within the past 4 weeks; patients who received a local steroid injection within the past 6 weeks; patients with bilateral pain; patients who had previous surgery for the condition).

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy once every 2 weeks for 6 weeks, bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Extracorporeal shock wave therapy (ESWT)

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

Decision rationale: MTUS reference to ACOEM Guidelines identifies some medium quality evidence supporting manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. ODG identifies documentation of pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment; at least three conservative treatments have been performed prior to use of ESWT (a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone)); and absence of contraindications (Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition), as criteria necessary to support the medical necessity of extracorporeal shockwave treatment for the shoulder. Within the medical information available for review, there is documentation of a diagnosis of bilateral shoulder sprain/strain. In addition there is documentation of failure of standard treatments (medications, chiropractic therapy, and physical therapy). However, there is no documentation of pain from calcifying tendinitis of the shoulder; and absence of contraindications (patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; patients with cardiac pacemakers; patients who had physical or occupational therapy within the past 4 weeks; patients who received a local steroid injection within the past 6 weeks; patients with bilateral pain; patients who had previous surgery for the condition). Therefore, based on guidelines and a review of the evidence, the request for Shockwave therapy once every 2 weeks for 6 weeks, bilateral shoulders is not medically necessary.