

Case Number:	CM14-0161636		
Date Assigned:	10/07/2014	Date of Injury:	05/31/2012
Decision Date:	12/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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:

This is a 51 year old female with a 5/31/12 injury date. In a 10/8/14 follow-up, the patient complained of bilateral shoulder pain. Objective findings included tenderness over the acromioclavicular joint, positive impingement signs, decreased range of motion, and crepitus with motion. Bilateral shoulder ultrasounds on 6/26/14 revealed partial thickness tears of the rotator cuff tendons and findings consistent with impingement syndrome. There was evidence of calcified tendons in the right shoulder but not the left shoulder. Diagnostic impression: bilateral shoulder impingement syndrome, right shoulder calcific tendonitis. Treatment to date: medications, physical therapy, injections, shockwave treatments. A UR decision on 9/23/14 denied the request for high and/or low energy extracorporeal shockwave treatment for bilateral shoulders. The rationale for the decision was not available in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

High and/or low energy extracorporeal shockwave treatment 3x (3 per diagnosis, 1 tx every 2 weeks) energy level TBD at time of treatment, bilateral shoulders.: 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 (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203.

Decision rationale: The CA MTUS states that physical modalities, such as ultrasound treatment, are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral; with high energy extracorporeal shock wave therapy recommended for calcifying tendinitis of the shoulder. However, in this case there is no evidence of calcific tendonitis of the left shoulder. There are no x-rays or MRIs available that would show calcific deposits in either shoulder. Although there is some support for the procedure in the right shoulder given the established diagnosis of calcific tendonitis in that shoulder, this type of review must consider the request as written for the bilateral shoulders without the option of request modification. Since the request is for bilateral shoulder treatment, it cannot be certified. Therefore, the request for high and/or low energy extracorporeal shock-wave treatment 3x (3 per diagnosis, 1 tx every 2 weeks) energy level TBD at time of treatment, bilateral shoulders, is not medically necessary.