

Case Number:	CM14-0162173		
Date Assigned:	10/07/2014	Date of Injury:	08/01/2012
Decision Date:	10/31/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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 Orthopaedic Surgery 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 40-year-old male machine operator sustained an industrial injury on 8/1/12, due to repetitive work tasks. The mechanism of injury was not documented. The patient underwent right shoulder arthroscopic subacromial decompression, labral repair, and bursectomy, and right elbow lateral epicondylectomy on 9/25/13. He completed post-operative therapy as of 4/11/14 with objective functional improvement documented in right shoulder range of motion and strength. The 5/10/14 right shoulder MRI impression documented a flat lateral downsloping acromion, acromioclavicular joint osteoarthritis, partial articular tear of the supraspinatus tendon, infraspinatus tendinosis, biceps tendinosis, and mild subacromial/subdeltoid fluid. Records indicated that the patient underwent extracorporeal shockwave therapy to the right shoulder for 3 sessions as of 7/31/14. The 8/25/14 orthopedic report cited persistent moderate right shoulder pain with reaching overhead and away from his body. He had persistent elbow pain with full extension. A post-operative MRI of the shoulder revealed evidence of mild residual rotator cuff tendinosis without evidence of a rotator cuff or labral tear. Physical exam documented right shoulder flexion 160, abduction 60, and external rotation 40 degrees. Impingement signs were positive on the right with 1+ biceps tenderness. The diagnosis was rotator cuff tendinitis. The patient was to continue physical therapy including extracorporeal shockwave therapy. The 9/24/14 utilization review denied the request for extracorporeal shockwave therapy to the right shoulder as the patient did not meet diagnostic guideline criteria. Physical therapy to the right shoulder was denied as there was no documentation of objective functional improvement from prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the right shoulder, QTY: 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Extracorporeal Shock Wave Therapy

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 California MTUS guidelines are silent regarding ESWT. The Official Disability Guidelines recommend ESWT for calcifying tendonitis, but not for other shoulder disorders. Guidelines state that this modality is contraindicated in patients who have had physical therapy within the past 6 weeks or previous surgery for the condition. Guideline criteria have not been met. This patient presents with a diagnosis of right shoulder post-operative rotator cuff tendinitis; there is no evidence of calcifying tendonitis. Recent physical therapy was documented and the patient is status post right shoulder surgery, both constitute guideline contradictions for extracorporeal shockwave therapy. Therefore, this request is not medically necessary.

Physical therapy for the right shoulder, QTY: 4 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guidelines generally support 8 to 10 physical medicine visits for this patient's diagnosis. Guideline criteria have not been met. There is no documentation as to the number of physical therapy visits completed recently, what objective functional benefit had been achieved, and what residual functional deficits were to be addressed by additional supervised therapy over an independent home exercise program. Therefore, this request is not medically necessary.