

<b>Case Number:</b>	CM14-0165182		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and earlier shoulder surgery. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for four sessions of extracorporeal shock wave therapy. The applicant's attorney subsequently appealed. In an April 16, 2014 progress note, the applicant reported persistent complaints of shoulder pain. The applicant had apparently been declared permanent and stationary with permanent limitations. Diminished right shoulder strength was noted. The applicant was given diagnoses of shoulder strain and rotator cuff tendinopathy. MRI imaging of the shoulder was sought. In a progress note dated May 14, 2014, the attending provider alluded to a right shoulder series of May 3, 2014, notable for degenerative osteophytic changes. A right shoulder MR arthrogram was sought while the applicant was kept off of work, on total temporary disability. The applicant remained off of work, on total temporary disability, throughout 2014. In an August 6, 2014 progress note, the applicant was given diagnosis of large tear of the rotator cuff involving supraspinatus and infraspinatus. The applicant was informed that the only treatment option for him was reverse total shoulder arthroplasty, a major surgical procedure. Authorization for extracorporeal shock wave therapy was sought via an RFA form dated August 13, 2014. However, the applicant did go on to receive extracorporeal shock wave therapy in both July and August 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder high and low energy extracorporeal shockwave treatment x 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that medium quality evidence supports extracorporeal shock wave therapy for the specific diagnosis of calcifying tendonitis of the shoulder, in this case, however, the applicant has been given a diagnosis of large tears of the supraspinatus and infraspinatus tendons. The operating diagnosis here is that of rotator cuff tear. The applicant does not seemingly have any radiographic or clinical evidence of calcifying tendonitis of the shoulder for which extracorporeal shock wave therapy would have been indicated. Therefore, the request is not medically necessary.