

<b>Case Number:</b>	CM14-0027119		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 injured worker is a 49-year-old female who reported an injury on 09/25/2013. The mechanism of injury was noted to be repetitive movements operating a machine. Prior treatments included medications and physical therapy. The injured worker's diagnosis was noted to be impingement syndrome of unspecified shoulder; post-traumatic osteoarthritis to bilateral shoulders; and bursitis of the left shoulder. The injured worker presented for an orthopedic evaluation on 01/27/2014. She complained of burning bilateral shoulder pain radiating down the arms to the fingers, associated with muscle spasms, greater in the left. The injured worker rated her pain 7/10 on a 0-10 pain scale. Her pain was described as constant, moderate to severe, aggravated by gripping and grasping, and any work above the shoulder level. The physical examination noted the injured worker appeared to be anxious, depressed, and tired. Upon examination of the bilateral shoulders, there was tenderness to palpation to the trapezius, levator scapula, rhomboids, biceps tendon, and AC joint bilaterally, greater on the right. There was no arthrosis noted. Range of motion was slightly impaired. There was positive Neer's impingement sign, positive Hawkins, and positive Speed's test. The recommendations included medications with close monitoring and periodic urinalysis for toxicological evaluation. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy for Bilateral Shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The California MTUS/American College of Occupational and Environmental Medicine state some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder. The Official Disability Guidelines recommend extracorporeal shockwave therapy for calcifying tendinitis, but not for other shoulder disorders. The injured worker's evaluation does not indicate failure of conservative care and lacks a rationale for treatment. In addition, the injured worker does not have any documentation of a diagnosis of calcifying tendinitis. Therefore, the request for extracorporeal shockwave therapy is not medically necessary.