

<b>Case Number:</b>	CM14-0082847		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/24/2002
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Management and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury of unknown mechanism on 05/24/2002. On 03/06/2014, her diagnoses included cervical spine surgery on 06/15/2013; history of cervical spine disc protrusion exacerbation; history of left shoulder rotator cuff tear, exacerbation; status post right shoulder surgery with residuals, and situational depression. Her complaints included pain in the neck, bilateral shoulders, and arms. She rated her pain in the neck at 7/10 and the bilateral upper extremity pain as 8/10 to 9/10. When examining the bilateral shoulders, there was grade II tenderness to palpation, which had remained the same since the previous visit. There was restricted range of motion and positive impingement and supraspinatus tests bilaterally. The injured worker reported that chiropractic therapy had helped to decrease her pain and tenderness. Her treatment plan included continuing physical therapy to the cervical spine and bilateral shoulders 2 times a week for 6 weeks. She was referred for an MRI of the left shoulder. 2 days earlier, on 03/04/2014, a different physician had recommended that she continue with extracorporeal shockwave therapy to the left scapula. It was supposed to have started on that date, 03/04/2014. She was referred for a CT scan of the cervical spine, and an EMG/NCV of the upper extremities. The MRI of the left shoulder, which took place on 04/23/2014, revealed subscapularis tendinosis, minimal subacromial and subscapularis bursitis, minimal glenohumeral joint effusion, osteoarthropathy of the acromioclavicular joint, biceps tenosynovitis, and a small bony ossicle at the site of the supraspinatus insertion. There was no rationale included in this worker's chart. A Request for Authorization dated 03/04/2014 was included.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Extracorporeal Shockwave Therapy for L Scapula (DOS: 03/25/14): 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): 201-205.

**Decision rationale:** The request for retro extracorporeal shockwave therapy for left scapula, DOS 03/25/2014, was not medically necessary. The California ACOEM Guidelines recommend that some medium-quality evidence supports high-energy extracorporeal shockwave therapy, but only for calcifying tendinitis of the left shoulder. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high-quality scientific evidence exists to determine clearly the effectiveness of this therapy. This worker does not have a diagnosis of calcifying tendonitis of the shoulder. The clinical information submitted failed to meet the evidence-based guidelines for extracorporeal shockwave therapy. Therefore, this request for retro extracorporeal shockwave therapy for the left scapula, DOS 03/25/2014, is not medically necessary.