

<b>Case Number:</b>	CM14-0210253		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 neck and shoulder pain reportedly associated with an industrial injury of October 11, 2011. In a Utilization Review Report dated December 4, 2014, the claims administrator failed to approve a request for extracorporeal shock wave therapy for the cervical spine and right shoulder. The claims administrator referenced a progress note of August 29, 2014 in its determination. The applicant's attorney subsequently appealed. The applicant received extracorporeal shock wave therapy to the shoulder on September 30, 2014, despite the unfavorable Utilization Review determination. In a handwritten progress note dated September 17, 2014, the applicant reported ongoing complaints of shoulder pain, neck pain, and low back pain with associated muscle spasms. X-rays and MRI studies of shoulder were endorsed. The applicant's work status was not clearly detailed. The note comprised, in large part, preprinted checkboxes, with little-to-no narrative commentary. On October 15, 2014, the applicant again reported multifocal complaints of neck, shoulder, and low back pain. The results of the shoulder MRI were reportedly notable for rotator cuff tendinosis, the attending provider stated. The note was handwritten, sparse, difficult to follow, not entirely legible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ortho shockwave for the cervical spine and right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Therapeutic Ultrasound Page(s): 123.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 9, page 203, some medium quality evidence supports usage of extracorporeal shock wave therapy for the specific diagnosis of calcifying tendinitis of the shoulder. Here, however, the attending provider stated that the applicant had nonspecific rotator cuff tendinosis with no evidence of associated calcifications in his handwritten progress note. Shock wave therapy was not, thus, indicated for the shoulder. Similarly, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound of which the ortho shock wave therapy at issue is a subset, is deemed "not recommended" in the chronic pain context present here. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS positions on the article at issue. Little-to-no narrative commentary was attached to several of the handwritten progress notes, referenced above, which comprised, in large part, preprinted checkboxes. Therefore, the request is not medically necessary.