

<b>Case Number:</b>	CM14-0215985		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 52-year-old male with a date of injury of December 6, 2013. According to progress report dated October 20, 2014, the patient presents with left shoulder and left hip pain and complaints of lack of sleep. Physical examination revealed tenderness noted over the shoulder and hip area with decreased range of motion. Grip strength performed using the JAMAR dynamometer revealed findings of 70/75/80 pounds of force on the right and 30/30/20 on the left. The list of diagnoses are left hip and joint sprain, left shoulder rotator cuff syndrome, left shoulder sprain and insomnia. The patient is to remain off work until December 4, 2014. The treating physician recommends shockwave therapy for the left shoulder and hip. The utilization review denied the request on November 26, 2014. Treatment reports from December 6, 2013 through November 17, 2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy x24 for the left shoulder and hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Extracorporeal shock wave therapy (ESWT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, ESWT

**Decision rationale:** This patient presents with left shoulder and hip pain. The court requests for shockwave therapy x24 for the left shoulder and hip. The MTUS Guidelines and ACOEM Guidelines do not discuss extracorporeal shock wave treatments. The ODG Guidelines under ESWT under the Shoulder Chapter states, 'Recommended for calcifying tendinitis, but not for other disorders, for patients with calcifying tendinitis of the shoulder in homogeneous deposits, quality evidence have found extracorporeal shock wave therapy equivalent or better than surgery and it may be given priority because of its non-invasiveness.' ODG guidelines under the low back chapter does not recommend extracorporeal shockwave therapy. ODG guideline supports EWST for calcific tendinitis of the shoulder, lateral epicondylitis and low energy EWST for plantar fasciitis. In this case, there is lack of any guidelines support for the use of this treatment for non-specific pelvic/hip pains and there is no diagnostic imaging that report calcium deposits on tendon or calcified tendinitis. This request IS NOT medically necessary.