

Case Number:	CM14-0219008		
Date Assigned:	01/09/2015	Date of Injury:	06/07/2013
Decision Date:	03/06/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/31/2014

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:

The injured worker is a 37 year old male who sustained an industrial injury on 04/01/2013 to 02/20/2014 as well as a specific type of injury on 06/07/2013. He reported cumulative trauma type injuries developing pain in his mid and low back. For the date 06/07/2013 he states he injured his right shoulder and elbow. The diagnoses have included right shoulder sprain/strain, right shoulder internal derangement, rule out right cubital tunnel syndrome, thoracic spine sprain/strain, rule out thoracic spine HNP, lumbar spine sprain/strain, lumbar spine radiculopathy and rule out lumbar disc displacement, HNP. Treatment to date has included acupuncture, physical therapy for right shoulder, right elbow, thoracic and lumbar spine; shockwave therapy for right shoulder, right elbow, thoracic and lumbar spine, localized intense neurostimulator therapy for the lumbar spine. On 06/18/2014 a TENS, unit and lumbar brace was requested. Currently, the IW complains of sharp stabbing right elbow pain rated as 7-8/10. He also complains of weakness, numbness tingling and pain radiating to the 4th and 5th fingers of the right hand. He also complains of dull, achy mid back pain and sharp, stabbing low back pain. There is tenderness in the right shoulder and right elbow area with limited range of motion. There was also tenderness in thoracic and lumbar areas. The only records available for review are 05/2014 and 06/2014. The UR references records dated 11/2014. 12/09/2014 Utilization Review non-certified requests for extracorporeal shock wave therapy to right shoulder noting there is no evidence as to the type and nature of treatment rendered this claimant for the shoulder post injury. ACOEM Guidelines was cited. On 12/31/2014 the injured worker submitted an application for IMR for review of extracorporeal shock wave therapy to right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy to right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter under shockwave therapy

Decision rationale: According to the 06/13/2014 most recent report, this patient presents with sharp, stabbing right shoulder pain, 8/10, frequent to constant, moderate to severe. The current request is for Extracorporeal shock wave therapy to the right shoulder. MTUS does not discuss ESWT for the shoulder, however ODG guidelines does discuss ESWT, Extracorporeal shock wave therapy (ESWT) has been suggested to be an effective treatment option for treating calcific tendinitis of the shoulder before surgery, but after conservative treatments, including physical therapy, iontophoresis, deep friction, local or systemic application of noninflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection. In reviewing the 05/16/2014 to 06/13/2014 reports provided, the treating physician does not document "calcific tendinitis of the shoulder. There was no documentation of conservative treatments, including physical therapy, iontophoresis or deep friction found in the medical records provided. The examination shows +2 tender, at AC joint, subacromial space, supraspinatus, infraspinatus, bicipital groove. Decr. ROM. Neers, Speeds, Apleys Scratch, Supraspinatus B+. Decr. grip strength on the Rt. The requested shockwave therapy for the right shoulder without documentation of "calcific tendinitis is not supported by ODG guidelines. Therefore, the request is not medically necessary.