

<b>Case Number:</b>	CM14-0035390		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Orthopedic Surgery and is licensed to practice in California. 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:

This is a 63-year-old male with a 7/3/13 date of injury. According to a progress report dated 1/9/14, the injured worker reported significant pain in his shoulder. He has been having difficulties with activities of daily living. He did report that his pain was overall slightly improved in his wrist and the shoulder and he had somewhat improved mobility. He stated that he has been using a splint, "which significantly decreased his pain." Objective findings: limited left shoulder range of motion, positive subacromial bursitis, positive impingement, tenderness to palpation over lateral aspect of left elbow, tenderness to palpation over distal radius of left wrist. Diagnostic impression: healing left distal radius fracture with mild degenerative joint disease, left elbow severe degenerative joint disease, left shoulder subacromial bursitis and impingement, left shoulder acromioclavicular joint degenerative joint disease, adhesive capsulitis. Treatment to date: medication management, activity modification, injections. A UR decision dated 2/21/14 denied the request for extracorporeal shockwave lithotripsy, left upper extremity. ESWT is recommended by the guidelines as an option for the treatment of calcifying tendinitis of the shoulder. Based on the records reviewed, it is not clear that the injured worker has had an exam and diagnostic findings consistent with calcific tendinitis of the left shoulder for which ESWT would be indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Lithotripsy, Left Upper Extremity, per report dated 1/9/2014:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Treatment: Integrated Treatment/Disability Duration Guidelines: Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter - Extracorporeal Shockwave Therapy

**Decision rationale:** CA MTUS states that physical modalities, such as ultrasound treatment "are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral; with high energy extracorporeal shock wave therapy recommended for calcifying tendinitis of the shoulder." However, in the present case, there is no documentation that this injured worker has failed other methods of conservative treatment. In addition, there is no documentation that this injured worker has a diagnosis of calcifying tendinitis of the shoulder. A specific rationale identifying why this treatment modality would be required in this injured worker despite lack of guideline support was not provided. Therefore, the request for Extracorporeal Shockwave Lithotripsy, Left Upper Extremity, per report dated 1/9/2014 is not medically necessary.