

<b>Case Number:</b>	CM15-0018875		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 38 year old female sustained an industrial injury on 2/28/13, with subsequent ongoing back, bilateral shoulder and neck pain. No magnetic resonance imaging was available for review. In a PR-2 dated 12/19/14, the injured worker complained of neck pain 8/10 on the visual analog scale that caused headaches as well as low back pain with radiation into the hip and down both legs. Current diagnoses included cervical spine discopathy, lumbar spine radiculopathy and varicose veins. The treatment plan included a lumbar brace, therapy three times a week for four weeks for the cervical spine and lumbar spine, orthoshockwave therapy for bilateral shoulders and referral to a specialist for varicose veins. On 1/23/15, Utilization Review noncertified a request for orthoshockwave therapy; unknown frequency citing National Guideline Clearinghouse and ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthoshockwave therapy; unknown frequency:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter online, for ESWT

**Decision rationale:** The 1/24/2015 Utilization Review letter states the shockwave therapy to the shoulders requested on the 12/19/14 medical report was denied because there is no calcifying tendinitis. The 12/19/14 chiropractic report states the patient presents with 8/10 neck pain, headaches, low back and hip pain. No objective findings were provided. The plan includes "prior medical"; lumbar brace; therapy 3x4 cervical, lumbar; orthoshock bilateral shoulder; the last item is not legible. MTUS/ACOEM, Chapter 9, Shoulder Complaints, page 203, under Initial Care, states: Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. ODG guidelines, Shoulder chapter online, for ESWT states: Recommended for calcifying tendinitis but not for other shoulder disorders. MTUS and ODG guidelines have support for shockwave therapy for calcifying tendinitis of the shoulder, but not for other shoulder disorders. The available reporting does not show evidence of calcifying tendinitis. The request for Orthoshockwave therapy, unknown frequency, is not in accordance with MTUS guidelines and IS NOT medically necessary.