

<b>Case Number:</b>	CM15-0018969		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/22/2015
<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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This injured worker is a 48 year old female who sustained an industrial injury on 4/11/14 involving the cervical spine and left shoulder. Current symptoms are right wrist pain and swelling, recurrent sub-occipital pain and headaches. Diagnoses are cervical spine sprain/ strain; left shoulder sprain/ strain with MRI evidence of impingement syndrome and acromioclavicular osteoarthritis; tendonitis, right hand and fingers, rule out internal derangement and hypertension. Treatments to date include chiropractic therapy, physical therapy with improvement in function of left shoulder and improvement in ability to perform activities of daily living such as brushing her hair and partial improvement with paracervical pain. Diagnostics include MRI right wrist (10/30/14) noting tendonitis of multiple flexor and extensor tendons at the radial wrist. Progress note dated 12/8/14 note that treatment for the MRI results of the wrist dated 10/30/14 would be ultrasound therapy, extracorporeal shockwave therapy, orthopedic consultation and possible cortisone injection. In addition extracorporeal shockwave therapy is requested for left rotator cuff tendinitis/ tendinosis. On 1/22/15 Utilization review non-certified the request for Extracorporeal Shockwave Therapy, 3-5 sessions on cervical/ left shoulder/ right wrist, citing ODG: Neck and Upper Back and Shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESWT (extracorporeal shockwave therapy) 3-5 sessions cervical/left shoulder/right wrist:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal shock wave therapy (ESWT)<http://www.ncbi.nlm.nih.gov/pubmed/2433113>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder section, Extracorporeal shockwave therapy

**Decision rationale:** Pursuant to Official Disability Guidelines, extracorporeal shockwave therapy (ESWT) 3-5 sessions to the cervical spine, left shoulder and right wrist is not medically necessary. ESWT is recommended for calcifying tendinitis but not for other shoulder disorders. Criteria for ESWT include patients with pain from calcifying tendonitis of the shoulder with pain despite six months of standard treatment; at least three months conservative treatment including PT, nonsteroidal anti-inflammatory drugs, rest and ice; and a maximum of three therapy sessions over three weeks. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; left shoulder sprain/strain MRI evidence of impingement syndrome and acromioclavicular osteoarthritis; tendinitis right hand and fingers; and hypertension. The documentation indicates the injured worker received three sessions of ESWT (peer to peer discussion in the utilization review). ESWT is not indicated for the right wrist and the cervical spine. Consequently, absent clinical documentation to support ESWT to the shoulder without a diagnosis of calcifying tendinitis in contravention of the guidelines for treatment of the cervical spine and right wrist, extracorporeal shockwave therapy (ESWT) 3-5 sessions to the cervical spine, left shoulder and right wrist is not medically necessary.