

Case Number:	CM15-0112441		
Date Assigned:	06/18/2015	Date of Injury:	05/29/2009
Decision Date:	07/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 53 year old, male who sustained a work related injury on 5/29/05. He was unpacking big boxes and assembling equipment when he felt pain in his lower back. The diagnoses have included status post left shoulder surgery and left shoulder impingement syndrome. Treatments have included home exercises, oral medications, pain patches, left shoulder surgery in 2013, and a left shoulder injection. In the PR-2 dated 5/15/15, the injured worker complains of left shoulder pain. He rates his pain level a 7/10 with medications and 10/10 without medications. He has a positive impingement sign with left shoulder. The treatment plan includes requests for authorization for physical therapy and for shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy, once a week for 6 weeks, left shoulder: 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESWT, shoulder chapter.

Decision rationale: ESWT is recommended by the ODG only for consideration in cases of calcific tendinitis, which is resistant to conservative treatment. Because the case does not involve a clear diagnosis of calcific tendinitis and the provided records do not substantiate the request for ESWT, the request was non-certified by utilization review. It appears that the non-certification is reasonable based on the provided records, and therefore, based on the guidelines making extremely limited recommendation for use of ESWT and failure to meet the requirements for approval, the request is not considered medically necessary at this time.