

Case Number:	CM15-0113567		
Date Assigned:	06/19/2015	Date of Injury:	05/10/2012
Decision Date:	09/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male who sustained an industrial injury on 05-10-12. Initial complaints and diagnoses are not available. Treatments to date include medications and right shoulder surgery. Diagnostic studies include a MRI of the right shoulder. Current complaints include cervical spine and right shoulder pain. Current diagnoses include right shoulder tenderness status post surgery and cervical spine strain and sprain. In a progress note dated 05-11-15 the treating provider reports the plan of care as shockwave therapy to the right shoulder, topical creams, and medications. The requested treatments include shockwave therapy to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho shockwave therapy right shoulder for 6 sessions: 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 Chapter, Shockwave Therapy section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: The claimant sustained a work injury in May 2012 and continues to be treated for neck and right shoulder pain. He underwent right shoulder surgery in October 2012. When seen, he was having ongoing right shoulder pain and paresthesias. Physical examination findings included right shoulder tenderness. An MRI of the right shoulder in October 2014 showed postoperative scarring with tendinosis and without other significant findings. Extracorporeal shock wave therapy (ESWT) can be recommended for calcifying tendinitis of the shoulder with up to 3 treatment sessions over three weeks. In this case, the claimant does not have a diagnosis of calcific tendinitis and, additionally, the number of requested treatments (six) is in excess of what would be recommended for the treatment of this condition. The request is not medically necessary.