

Case Number:	CM15-0114564		
Date Assigned:	06/22/2015	Date of Injury:	11/01/2006
Decision Date:	07/28/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 59 year old female with an industrial injury dated 11/01/2006. The injured worker's diagnoses include cervical radiculopathy, cervical disc displacement, left shoulder internal derangement, superior glenoid labrum lesion of right shoulder, low back pain, lumbar region radiculopathy, lumbar disc displacement, mood disorder, anxiety, stress and sleep disorder. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/06/2015, the injured worker reported neck pain, radicular low back pain, bilateral shoulder pain radiating down the arm to the fingers associated with muscle spasms. The injured worker also reported anxiety and depression due to inability to work without pain. Shoulder exam revealed tenderness to palpitation to the subacromial space and acromioclavicular joint (AC) bilaterally and crepitus with decrease range of motion, more severe on the right. The treating physician prescribed services for outpatient left shoulder shockwave therapy quantity: 3 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left shoulder shockwave therapy Qty: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 203.

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

Decision rationale: ACOEM guidelines state that there is some medium quality evidence that supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy (ESWT) for calcifying tendinitis of the shoulder. In this case, there is no documentation of calcific tendinitis. There is also otherwise insufficient documentation establishing the medical necessity for ESWT, therefore the request is not medically necessary or appropriate.