

Case Number:	CM15-0121617		
Date Assigned:	07/02/2015	Date of Injury:	08/09/2014
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/23/2015

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 62 year old male who sustained an industrial injury on August 9, 2014. He has reported neck pain that radiates in the pattern of bilateral C5 and C6 dermatomes. He also complained of pain in the mid and upper back, bilateral shoulders, and scapula and has been diagnosed with cervical spine musculoligamentous sprain strain moderate, rule out cervical spine discogenic disease, thoracic spine musculoligamentous strain sprain moderate, rule out thoracic spine discogenic disease, bilateral shoulder sprain strain, rule out bilateral shoulder rotator cuff tear, infraspinatus atrophy, supraspinatus nerve impingement, and right scapula dyskinesia. Treatment has included medications, physical therapy, and medical imaging. There was grade 2 tenderness to palpation over the cervical paraspinal muscles and palpable spasm. There was restricted range of motion. Cervical compression was positive with trigger points noted. There was tenderness to palpation at the thoracic spine. There was tenderness to palpation of bilateral shoulders with restricted range of motion. The treatment request included extracorporeal shockwave therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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-related injury in August 2014 and continues to be treated for radiating neck, low back, and bilateral shoulder pain. When seen, there was increased right shoulder pain rated at 9-10/10. There was decreased shoulder range of motion with tenderness. An MRI of the right shoulder in January 2015 showed findings of acromioclavicular joint degeneration with impingement, rotator cuff tears, and a labral tear. 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. The request is not medically necessary.