

Case Number:	CM15-0124555		
Date Assigned:	07/09/2015	Date of Injury:	03/05/2014
Decision Date:	09/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 28-year-old male who sustained an industrial injury on 3-5-14. He had complaints of bilateral shoulder and arm pain. Treatments include: medication, compound cream, TENS unit, hot and cold unit, a pulley system, ultrasound unit, shockwave therapy and steroid injections Progress report dated 4-17-15 reports continued complaints of bilateral shoulder and bilateral elbow pain, the left elbow is worse than the right. The right shoulder and right elbow are feeling much better after the steroid injection but he is still having symptoms in his left shoulder. Diagnoses include: right shoulder impingement syndrome, anterior labrum tear of the right shoulder as well as possible tear of the supraspinatus and infraspinatus tendon, left shoulder supraspinatus and infraspinatus tendinosis with subacromial bursitis and right elbow lateral epicondylitis. Plan of care includes: recommend continue chiropractic and physical modality therapy 2 times per week for 4 weeks as well as orthopedic shockwave therapy, recommend orthopedic consultation for right shoulder, continue durable medical equipment to include electrodes, heat and cold unit, ultrasound unit, and pulley system, continue home physical therapy, order urine toxicology screen and recommend continue topical compound and trans-dermal medications and continue naproxen, cyclobenzaprine and protonix. Work status: remain off work for 4 weeks. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Shockwave Therapy 3 Sessions Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy. 2. Three conservative therapies prior to ESWT have been tried prior. 3. No contraindications to therapy. 4. Maximum of 3 therapy sessions over 3 weeks. The particular service is not recommended for the requested site per the ODG or the ACOEM. Review of the documentation does not supply information to contradict these recommendations and therefore the request is not medically necessary.