

Case Number:	CM15-0128589		
Date Assigned:	07/15/2015	Date of Injury:	01/29/2015
Decision Date:	08/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This injured worker is a 52 year old female who reported an industrial injury on 1/29/2015. Her diagnoses, and or impression, were noted to include: left shoulder chronic impingement syndrome with adhesive capsulitis; closed head injury with cerebral spinal fluid leak; and thoracic myofascial pain. No current imaging studies were noted. Her treatments were noted to include consultations; physical therapy; medication management; and modified work duties with rest from work. The progress notes of 4/23/2015 reported consistent, moderate-severe left shoulder pain following a subacromial space injection which provided relief x 3 days; moderate low back and left lower extremity pain; and headaches with cognitive changes. Objective findings were noted to include tenderness to the left shoulder with positive impingement signs, decreased range-of-motion, and atrophy in the left deltoid musculature. The physician's requests for treatments were noted to include additional physical therapy to diminish pain and improve range-of-motion; with the amended inclusion of concurrent shock-wave therapy to the left shoulder discussed with the case manager, and added, on 5/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder shockwave therapy treatment 5 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), Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT).

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

Decision rationale: The MTUS is silent on the use of extracorporeal shockwave therapy. Per the ODG guidelines: Recommended for calcifying tendinitis but not for other shoulder disorders. Calcifying tendonitis: For patients with calcifying tendinitis of the shoulder with inhomogenous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. (Rompe, 2001) (Haake, 2002) (Haake, 2001) (Pan, 2003) (Wang, 2003) (Cosentino, 2003) (Lowe, 1999) (Pleiner, 2004) (Moretti, 2005) In treating calcifying tendonitis, both high-energy and low-energy ESWT provide a beneficial effect on shoulder function, as well as on self-rated pain and diminished size of calcifications, but high-energy ESWT appears to be superior to low-energy ESWT. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. The documentation submitted for review did not contain evidence of calcifying tendinitis. As such, the request cannot be affirmed and therefore is not medically necessary.