

Case Number:	CM15-0129365		
Date Assigned:	07/15/2015	Date of Injury:	08/20/2012
Decision Date:	08/11/2015	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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36-year-old male, who sustained an industrial injury on 8/20/2012. Diagnoses include status post right shoulder arthroscopic subacromial decompression (7/11/2013), rule out rotator cuff pathology right shoulder and left median neuropathy. Treatment to date has included diagnostics, surgical intervention (right shoulder, 2013) and conservative measures including rest, physical therapy, injections, sling, ice and medications including NSAIDs and hydrocodone 7.5mg. Per the Follow-up Consultation dated 6/01/2015, the injured worker reported 8/10 right shoulder pain described as worsening and 7/10 thoracic pain. Physical examination revealed tenderness of the right shoulder, no signs of infection and incision is well healed. Range of motion remains limited. The plan of care included, and authorization was requested for 3 extracorporeal shockwave therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 extracorporeal shockwave therapy (ESWT) treatments utilizing the EMS Swiss DolorClast ESWT device: 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: extra corporeal shock wave therapy (5/4/15).

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

Decision rationale: The MTUS guidelines do not address the use of extracorporeal shock wave therapy (ESWT) of the shoulder; therefore, alternative guidelines were consulted. The ODG states that ESWT is recommended for calcifying tendinitis but not for other shoulder disorders. There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. For nonspecific chronic shoulder pain, supervised exercises are more effective than shockwave treatment, according to this RCT. The investigators found a treatment effect favoring supervised exercises at 6, 12, and 18 weeks, and compared with the shockwave-treatment group, the group treated with supervised exercises had a significantly higher proportion of patients who improved in terms of shoulder pain and disability scores (64% vs. 36%; odds ratio 3.2). Additional treatment between 12 and 18 weeks was needed in more patients in the shockwave-treatment group than in the exercise group, and fewer patients returned to work. In this case, the available documentation provides no evidence of calcifying tendinitis in the injured worker, therefore, the request for 3 extracorporeal shockwave therapy (ESWT) treatments utilizing the EMS Swiss DolorClast ESWT device is determined to not be medically necessary.