

Case Number:	CM15-0134828		
Date Assigned:	07/23/2015	Date of Injury:	01/28/2013
Decision Date:	11/03/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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:

This injured worker is a 60 year old who reported an industrial injury on 1-28-2013; the sex of this injured worker was not established in the medical records provided. The diagnoses, and or impressions, were noted to include: status-post right shoulder surgery on 1-5-2015; No imaging studies were noted. The treatments were noted to include: medication management with toxicology studies; and a return to full duty work. The progress notes of 6-5-2015 reported: the recall of initial improvement following right shoulder surgery in Jan. 2015, however condition was worsening somewhat with complaints of right shoulder pain, rated 6 out of 10, and decline in range-of-motion; and that his medication included Hydrocodone twice a day. The objective findings were noted to include: well-healed arthroscopic portals; right shoulder swelling, with atrophy of the right deltoid musculature, and right shoulder flexion of 100 degrees, abduction of 100 degrees, external rotation of 50 degrees and internal rotation of 50 degrees. The physician's requests for treatment were noted to include a formal request for ESWT to treat refractory calcifying tendinitis right shoulder, 3 sessions, utilizing the EMS Swiss Dolor Clast ESWT device, 2000 shocks at the level 2 (1.4 Bar) per treatment session. The Request for Authorization, dated 6-26-2015, was noted for extra-corporeal shock-wave therapy (ESWT) to treat refractory calcifying tendinitis right shoulder, 3 sessions, utilizing the EMS Swiss Dolor Clast ESWT device, 2000 shocks at the level 2 (1.4 Bar), per treatment sessions. The Utilization Review of 7-7-2015 non-certified the request for 3 outpatient ESWT to the right shoulder, 3 sessions over 3 weeks, for shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 extracorporeal shock wave therapy to right shoulder-3 sessions over 3 weeks for shoulder pain: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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 injury in January 2013 and underwent right shoulder surgery in January 2015. When seen, pain was rated at 6/10. There had been an initial improvement but his condition was worsening. Medications included hydrocodone. Physical examination findings included decreased shoulder range of motion with swelling. There was right deltoid muscle atrophy. A diagnosis of calcific tendinitis is referenced. Authorization for three shockwave treatments was requested. Extracorporeal shock wave therapy can be recommended for calcifying tendinitis of the shoulder with up to 3 treatment sessions over three weeks. In this case, although there is a diagnosis of calcific tendinitis listed, this is not a clinical diagnosis and there were no imaging results or findings at the surgery that was performed that would establish this diagnosis. For this reason, the request is not accepted as being medically necessary.