

Case Number:	CM15-0171841		
Date Assigned:	09/14/2015	Date of Injury:	09/23/2009
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 49-year-old male worker who was injured on 9-23-2009. The medical records reviewed indicated the injured worker (IW) was treated for right shoulder tear of the supraspinatus tendon; right elbow tendonitis; and right wrist sprain and strain. The progress notes (7-28-15) indicated the IW had right shoulder pain rated 4 out of 10, right elbow pain rated 3 out of 10 and right wrist pain with numbness. Medications included Naproxen 550mg twice daily, Omeprazole 20mg twice daily, Flexeril 7.5mg twice daily and topical compounds. The treating provider indicated the worker could perform modified duty. On physical examination (6-23-15 and 7-28-15) there was tenderness to the right shoulder and decreased range of motion (ROM); impingement test was positive. There was tenderness to the right elbow laterally and posteriorly and tenderness to the right wrist, with end of ROM pain. Phalen's sign was positive at the right wrist. Previous treatments included TENS unit, which was beneficial; and an unknown quantity of chiropractic and physical therapy sessions. Right shoulder MRI results on 6-2-15 were: intrasubstance tear of the supraspinatus tendon, possible tenosynovitis of the bicipital tendon and spur formation in the acromioclavicular joint. A Request for Authorization dated 7-28-15 asked for ortho shockwave for the right shoulder. The Utilization Review on 8-3-15 non-certified the request for ortho shockwave for the right shoulder, due to lack of a clinical indication for the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Shockwave for right shoulder: 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) Pain section, Extracorporeal shockwave therapy and Other Medical Treatment Guidelines http://www.aetna.com/cpb/medical/data/600_699/0649.html.

Decision rationale: Pursuant to the Official Disability Guidelines, ortho shockwave treatment to the right shoulder is not medically necessary. ESWT is indicated for calcified tendinitis but not other shoulder disorders. The criteria include pain from calcified tendinitis of the shoulder despite six months of standard treatment. At least three conservative treatments have been performed prior to use ESWT; rest, ice, nonsteroidal anti-inflammatory drugs, orthotics, physical therapy, injections; maximum of three therapy sessions over three weeks. Aetna considers extracorporeal shock-wave therapy (ESWT) medically necessary for calcific tendinopathy of the shoulder of at least 6 months duration with calcium deposit of 1 cm or greater, and who have failed to respond to appropriate conservative therapies (e.g., rest, ice application, and medications). Aetna considers extracorporeal shock-wave therapy (ESWT), extracorporeal pulse activation therapy (EPAT) (also known as extracorporeal acoustic wave therapy) experimental and investigational for the following indications (not an all-inclusive list) because there is insufficient evidence of effectiveness of ESWT for these indications in the medical literature: Achilles tendonitis (tendinopathy), Delayed unions, Erectile dysfunction, Lateral epicondylitis (tennis elbow), Low back pain, Medial epicondylitis (golfers elbow), Non-unions of fractures, Osteonecrosis of the femoral head, Patellar tendinopathy, Peyronie's Disease, Rotator cuff tendonitis (shoulder pain), Stress fractures, Wound healing (including burn wounds), Other musculoskeletal indications (e.g., calcaneal spur, Hammer toe, tenosynovitis of the foot or ankle, and tibialis tendinitis). In this case, the injured workers working diagnoses are right shoulder impingement; right elbow lateral epicondylitis; and right wrist sprain strain. The date of injury is September 23, 2009. Request for authorization is July 28, 2015. According to a June 23, 2015 progress note, subjective complaints include right shoulder pain, right elbow and wrist pain. There are no foot complaints documented. Objectively, there is tenderness to palpation. There are no objective findings referencing the foot. There is no documentation of calcific tendinitis. There is no clinical indication or rationale for shockwave therapy. Based on the clinical indication in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for shockwave therapy to the right shoulder, ortho shockwave treatment to the right shoulder is not medically necessary.