

Case Number:	CM15-0174959		
Date Assigned:	09/16/2015	Date of Injury:	07/31/2014
Decision Date:	10/16/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/04/2015

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 46 year old male who sustained an industrial injury on 7-31-2014. A review of medical records indicate the injured worker is being treated for cervical spine musculoligamentous strain sprain, rule out spine discogenic disease, bilateral shoulder sprain strain, tendinitis, and osteoarthritis, right shoulder impingement syndrome, and osteoarthritis, right greater than left. Medical records dated 7-29-2015 noted back pain, bilateral shoulder pain, bilateral hip pain, and bilateral knee pain. Pain was rated an 8 out of 10 in the mid-upper back, lower back, left shoulder, and bilateral hips. Pain had increased from 7 out of 10 on the last visit, 9 out of 10 in the right shoulder, which had increased from 8 out of 10 on the last visit. Physical examination notes the bilateral shoulders had grade 2 to 3 tenderness to palpation, which had remained the same since last visit. There was restricted range of motion. Impingement and supraspinatus tests were positive. Treatment has included medication and chiropractic care. Utilization review form dated 8-13-2015 non-certified extracorporeal shockwave therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECSW for the right shoulder, once weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s):
Initial Care.

Decision rationale: The ACOEM chapter on shoulder complaints states: Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral. Some medium quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The patient does not have calcifying tendonitis. The patient only has a shoulder sprain. Therefore, the request is not medically necessary.