

<b>Case Number:</b>	CM15-0175925		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Physical Medicine & Rehabilitation

### 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 47 year old female, who sustained an industrial injury on 5-1-13. The injured worker has complaints of frequent throbbing headache radiating to right side of shoulder to neck; pressure neck pain radiating to head aggravated by looking up and looking down; upper and mid back pain and lower back pain and stiffness radiating to left leg and hips aggravated by sitting, standing and walking. The injured worker has complaints of bilateral shoulder, elbow, wrist, hand hips knee, ankle and foot and leg pain. Cervical spine range of motion is painful and there is tenderness to palpation of the cervical paravertebral muscles and there is muscle spasm of the cervical paravertebral muscles. Cervical compression is positive. There is tenderness to palpation of the thoracic paravertebral muscles and there is muscle spasm of the thoracic paravertebral muscles. Lumbar spine has a slow and guarded gait and painful range of motion. There is tenderness to palpation of the lumbar paravertebral muscles and there is muscle spasm of the lumbar paravertebral muscles. Sitting straight leg raise is positive bilaterally. Right shoulder examination revealed there is tenderness to palpation of the acromioclavicular joint, anterior shoulder and lateral shoulder and supraspinatus press is positive. Left shoulder range of motion is decreased and painful and supraspinatus press is positive. Right elbow range of motion is painful and there is tenderness to palpation of the anterior elbow and lateral elbow and Cozen's is positive. Right wrist has tenderness to palpation of the lateral wrist and volar wrist and Phalen's is positive. Left wrist there is tenderness to palpation of the dorsal wrist, lateral wrist and volar wrist and Phalen's is positive. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified; cervical myospasm; cervical radiculopathy; cervical sprain

and strain; thoracic disc protrusion; thoracic myospasm; thoracic sprain and strain; lumbar disc protrusion; lumbar myospasm; lumbar sprain and strain; right shoulder sprain and strain; left shoulder impingement syndrome; right elbow sprain and strain; left triangular fibrocartilage tear; left wrist sprain and strain; right knee sprain and strain; right ankle sprain and strain and right ankle tenosynovitis. The original utilization review (8-14-15) non-certified the request for extracorporeal shock wave therapy bilateral shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Extracorporeal Shock Wave Therapy Bilateral Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 08/06/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), extracorporeal shockwave therapy (ESWT).

**Decision rationale:** The current request is for Extracorporeal Shock Wave Therapy Bilateral Shoulder. The RFA is dated 08/10/15. Treatment history included medications, TENS unit, physical therapy, and acupuncture. The patient remains off work. ODG Guidelines, Shoulder (Acute & Chronic), extracorporeal shockwave therapy (ESWT) states that ESWT is recommended for "Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment." Per report 07/24/15, the patient presents with bilateral shoulder, elbow, wrist, hand, hips, knee, ankle/foot and leg pain. Right shoulder examination revealed tenderness to palpation of the acromioclavicular joint, anterior shoulder and lateral shoulder and supraspinatus press is positive. Left shoulder range of motion is decreased and supraspinatus press is positive. The listed diagnoses include left shoulder impingement, and right shoulder sprain/strain. The treater recommended ESWT for the bilateral shoulder to increase functional capacity, increase ROM, and decrease pain. The treater states that the ESWT is for the patient's shoulder tendinitis; however, there are no imaging provided that document tendinitis. The patient's diagnoses include shoulder impingement and sprain/strain. Furthermore, the progress reports and the RFA from 08/10/15 does not indicate the number of sessions being requested. Open-ended request for treatment cannot be support. Therefore, this request is not medically necessary.