

<b>Case Number:</b>	CM15-0176946		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/21/2015
<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 62 year old male, who sustained an industrial injury on April 17, 2014, incurring neck, upper, mid and lower back, left shoulder, and left elbow injuries. He was diagnosed with cervical sprain, thoracic sprain, left shoulder sprain and left elbow sprain. Treatment included anti-inflammatory drugs, pain medications, topical analgesic cream, muscle relaxants, neuropathic medications and sleep aides. Currently, the injured worker complained of headaches, constant neck pain with repetitive movement, persistent pain in the mid and upper back increased with lifting, pulling and pushing. He noted constant low back pain radiating into his buttocks with numbness and radicular pain into the backs of the thighs. The pain increased with prolonged sitting, standing and walking. The injured worker complained of constant sharp, throbbing pain in the left shoulder aggravated by reaching, lifting and activities above shoulder level. He had difficulty sleeping with the persistent shoulder pain. He had developed anxiety and depression brought on by the chronic pain. The treatment plan that was requested for authorization September 2, 2015, included extracorporeal shockwave therapy to the left shoulder. On August 21, 2015, the request for shockwave therapy was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy 1x week x 3 weeks Left 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 Chapter, under Extracorporeal Shockwave Treatment (ESWT).

**Decision rationale:** Based on the 7/28/15 progress report provided by the treating physician, this patient presents with constant cervical spine pain, constant mid/upper back pain, constant low back pain radiating into bilateral buttocks with numbness and radicular pain into back of thighs extending to posterior legs, constant left shoulder pain, intermittent and occasional pain in left elbow. The treater has asked for Extracorporeal Shockwave Therapy 1x week x 3 weeks Left Shoulder on 7/28/15. The patient's diagnosis per request for authorization dated 7/28/15 is sprains and strains of unspecified site of shoulder and upper arm. The patient also complains of headaches per 7/28/15 report. The patient has a loss of left upper extremity grip strength associated with his left elbow pain, and cannot squeeze, grip, or grasp simple items with left hand per 6/8/15 report. The patient complains of work-related stress, and has returned to modified work on 6/8/15 per 7/28/15 report. ODG Guidelines, Shoulder Chapter, under Extracorporeal Shockwave Treatment (ESWT) states: Recommended for calcifying tendinitis, but not for other disorders, for patients with calcifying tendinitis of the shoulder in homogeneous deposits, quality evidence have found extracorporeal shock wave therapy equivalent or better than surgery and it may be given priority because of its non-invasiveness. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. Per report dated 7/28/15, the patient complains of left shoulder pain. The treater does not discuss this request in the reports provided. The patient has not yet had radiographs or MRIs of the shoulder per review of reports, but the treater is requesting shoulder x-rays per 7/28/15 report. While MTUS and ACOEM guidelines do not discuss shockwave therapy, ODG guideline does provide support for patients with shoulder calcifying tendinitis. In this case, there is no evidence provided that the patient has calcifying tendinitis, and the patient does not have a diagnosis for which this modality would be indicated. Therefore, the request is not medically necessary.