

<b>Case Number:</b>	CM15-0026634		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 57-year-old [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 1, 2013. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for three sessions of extracorporeal shockwave therapy for the shoulder. Despite the fact that the MTUS addressed the topic, the claims administrator nevertheless invoked non-MTUS ODG guidelines. A December 15, 2014 progress note was referenced. The applicant's attorney subsequently appealed. On October 6, 2014, the applicant reported multifocal complaints of wrist, low back, and shoulder pain. Flexeril, Norco, and Xanax were endorsed. The applicant's work status was not provided. On November 3, 2014, Norco, Ambien, Xanax, and topical compounds were endorsed owing to multifocal complaints of neck, low back, shoulder, and bilateral leg pain. X-rays of the left shoulder dated September 23, 2014 were read as negative. MRI imaging of the left shoulder dated October 2, 2014 was notable for tendinosis and acromioclavicular joint hypertrophy without any other significant findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave Therapy, Left Shoulder 3 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**Decision rationale:** No, the request for three sessions of extracorporeal shockwave therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that some medium-quality evidence supports extracorporeal shockwave therapy for the specific diagnosis of calcifying tendinitis of the shoulder, in this case, however, both x-ray and MRI studies of the shoulder of late 2014, referenced above, were essentially negative. There was, thus, no radiographic evidence of calcifying tendinitis of the shoulder for which extracorporeal shockwave therapy would have been indicated. Therefore, the request was not medically necessary.