

<b>Case Number:</b>	CM15-0061058		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 65-year-old who has filed a claim for chronic shoulder pain, wrist pain, neck pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of December 5, 2013. In a Utilization Review report dated March 4, 2015, the claims administrator failed to approve a request for extracorporeal shockwave therapy for the right shoulder. The claims administrator referenced a RFA form received on February 25, 2015 in its determination. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of knee, wrist, and shoulder pain. Tenderness about the shoulder joint was appreciated. Physical therapy, acupuncture, and orthopedic follow-up were endorsed. The applicant was kept off of work, on total temporary disability. In an earlier note dated March 25, 2015, the applicant was placed off of work, on total temporary disability. Extracorporeal shockwave therapy, acupuncture, physical therapy, and electrodiagnostic testing were proposed. The attending provider stated he was ordering extracorporeal shockwave therapy for the reported diagnosis of right shoulder tendonitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shock wave therapy for right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** No, the request for extracorporeal shockwave therapy (ESWT) for the shoulder was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 9, page 203 notes that some medium quality evidence supports high energy extracorporeal shockwave therapy (ESWT) for the specific diagnosis of calcifying tendonitis of the shoulder, in this case, however, the applicant carried a diagnosis of non-specific shoulder tendonitis, the treating provider reported. There was no evidence of radiographically-proven calcifying tendonitis here. Therefore, the request was not medically necessary.