

Case Number:	CM15-0064425		
Date Assigned:	04/10/2015	Date of Injury:	05/29/2010
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54-year-old female, who sustained an industrial injury on May 29, 2010. Initial complaints and diagnoses are not available. The injured worker was diagnosed as having right shoulder surgery status post right shoulder arthroscopy with acromioplasty, Mumford procedure, synovectomy, and removal of loose bodies. Treatment to date has included MRIs, x-rays, electrodiagnostic study, right shoulder injection, home exercise program, physical therapy, and medications including anti-epilepsy, creams, pain, and non-steroidal anti-inflammatory. On January 21, 2015, the injured worker complains of chronic right shoulder pain. There were no abnormal physical exam findings included in the documentation for this date. The treatment plan includes a request for extracorporeal shock wave therapy (ESWT) for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT Right shoulder x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203-204.

Decision rationale: This 54 year old female has complained of right shoulder pain since date of injury 5/29/10. She has been treated with surgery, physical therapy and medications. The current request is for ESWT right shoulder x 3. Per the ACOEM guidelines cited above, ESWT is not recommended as a therapy for the treatment of shoulder pain. On the basis of the available medical documentation and per the ACOEM guidelines cited above, ESWT right shoulder x 3 is not indicated as medically necessary.