

Case Number:	CM15-0065372		
Date Assigned:	04/13/2015	Date of Injury:	02/19/2007
Decision Date:	05/12/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/07/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial fall injury on February 19, 2007. The injured worker was diagnosed with right shoulder rotator cuff tear, chronic right shoulder tendonitis impingement, and bicipital tendonitis bilaterally, left shoulder subacromial bursitis impingement syndrome and tendonitis and cervical myofascial pain syndrome. Treatment to date included conservative measures, diagnostic testing, surgery and physical therapy. The injured worker is status post right shoulder rotator cuff repair in 2007 and April 2012 and Kenalog injections in November 2012, March 2013 and the latest in March 2015. According to the primary treating physician's progress report on March 23, 2015, the injured worker continues to experience right shoulder pain and stiffness. Examination of the shoulder demonstrated decreased range of motion, decreased strength and strongly positive provocative Neer and Hawkins impingement signs. A positive Tinel's at the cubital and carpal tunnel were present. Current medications are not listed. Treatment plan consists of Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the upper extremities, chiropractic therapy and the current request for electric shock wave therapy to decrease tendinitis, inflammation and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Extracorporeal Shock wave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, shockwave therapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy. 2. Three conservative therapies prior to ESWT have been tried prior. 3. No contraindications to therapy. 4. Maximum of 3 therapy sessions over 3 weeks. The patient has had pain for greater than 6 months and has failed at least 3 conservative therapy options. However, the request does not specify the amount of sessions or time frame for treatment and the recommendations only are for 3 sessions maximum. Therefore, without this information, the request is not medically necessary, as it does not meet all criteria. In addition, ESWT is not recommended for the shoulder.