

Case Number:	CM15-0067384		
Date Assigned:	04/15/2015	Date of Injury:	01/24/2014
Decision Date:	05/14/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/09/2015

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: Indiana

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 injured worker is a 27-year-old male, who sustained an industrial injury on January 24, 2014. He reported bilateral upper extremity pain with numbness tingling and shooting pain with use of the upper extremities. The injured worker was diagnosed as having right shoulder impingement syndrome and right shoulder sprain/strain. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, medications and work restrictions. Currently, the injured worker complains of constant right shoulder pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation December 18, 2014, revealed continued pain as noted. Shockwave therapy for the right shoulder was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy for the right shoulder, 3 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, ESWT.

Decision rationale: MTUS does not specifically refer to Electric Shockwave therapy. The ODG guidelines were consulted for ESWT treatment of the shoulder and only recommended Shoulder ESWT when: 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). Medical records does not detail what conservative therapy was tried and does not provide any detail regarding the physical therapy of the shoulder. As such, the request for ECSWT (Extracorporeal Shock Wave Therapy) is not medically necessary.