

<b>Case Number:</b>	CM15-0072243		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 69-year-old male who sustained a work related injury March 30, 2009. While replacing an engine, it tilted, and landed on the top of his upper body and groin area. He forcefully pushed the engine away from his body, twisting both his arm and back awkwardly, feeling immediate pain in his back, both shoulders, and left groin. According to a doctor's first report of occupational injury, dated March 26, 2015, the injured worker presented with back, bilateral shoulder, and left groin pain. Diagnoses included thoracic musculoligamentous strain/sprain; lumbosacral musculoligamentous sprain/strain with radiculitis; lumbosacral spine discogenic disease; bilateral shoulder sprain/strain; bilateral shoulder tendinitis; s/p right shoulder surgery with residuals; s/p abdominal hernia surgery. Treatment plan included requests for authorization for medications, extracorporeal shockwave therapy sessions, left shoulder, and physical therapy for the thoracic spine, lumbar spine, and bilateral shoulders, 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy sessions, for Thoracic, Lumbar, and Bilateral Shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Chapter: Low Back- Lumbar and Thoracic (Acute & Chronic), Shoulder, Physical Therapy, Preface.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than six years status post work-related injury and continues to be treated for chronic pain including low back and shoulder pain. When seen, there was decreased shoulder range of motion with positive impingement testing. Prior treatments have included physical therapy. An MRI of the left shoulder including arthrogram in July 2014 included findings of acromioclavicular joint arthritis, a partial rotator cuff tear, and subacromial/subdeltoid bursitis. Calcific tendinitis is not mentioned in the report. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.

#### **4 Extracorporeal Shockwave Therapy Sessions for the Left Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Shoulder (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The claimant is more than six years status post work-related injury and continues to be treated for chronic pain including low back and shoulder pain. When seen, there was decreased shoulder range of motion with positive impingement testing. Prior treatments have included physical therapy. An MRI of the left shoulder including arthrogram in July 2014 included findings of acromioclavicular joint arthritis, a partial rotator cuff tear, and subacromial/subdeltoid bursitis. Calcific tendinitis is not mentioned in the report. Extracorporeal shock wave therapy (ESWT) can be recommended for calcifying tendinitis of the shoulder with up to 3 treatment sessions over three weeks. In this case, the claimant does not have a diagnosis of calcific tendinitis and, additionally, the number of requested treatments is in excess of what would be recommended for the treatment of this condition. The request is therefore not medically necessary.