

Case Number:	CM15-0091523		
Date Assigned:	05/15/2015	Date of Injury:	08/22/2013
Decision Date:	06/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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 injured worker was a 43 year old female, who sustained an industrial injury, August 22, 2013. She has been diagnosed with bilateral carpal tunnel syndrome status post surgery (right 4/2014, left 9/2014), cervical degenerative disc disease with myelopathy and cervical radiculopathy and right shoulder impingement syndrome. The injured worker previously received the following treatments 12 physical therapy sessions for the cervical neck and 24 sessions for the bilateral wrists and hands, right shoulder x-ray, 8 sessions acupuncture to bilateral hands and right shoulder rotator cuff, local heat and ice therapy, Ibuprofen, Tylenol, Tylenol #3, Flexeril, cervical neck MRI, cortisone injections and 3 trigger point injections to the right shoulder. According to progress note of February 5, 2015, the injured workers chief complaint was neck pain with radiation into the right shoulder and into the right hand. There was associated weakness and numbness to the right upper extremity extending into the fingers of the right hand. The injured worker rated the pain 7 out of 10. The pain was described as stabbing and achy. There was left hand intermittent achy pain, which was rated 4 out of 10. There was associated tingling and weakness to the left hand. The injured worker took Ibuprofen and Tylenol #3 which reduced the pain from 8 out of 10 to 6 out of 10. The provided noted that the patient shoulder symptoms were not improved with physical therapy, NSAIDs, cortisone steroid injection or acupuncture. The physical exam noted tenderness with palpation for the right trapezius and posterior shoulder. There was pain with range of motion. The right upper extremity strength was 5 out of 5. There was tenderness over the thenar eminence. The Phalen's test was positive at the elbow and negative at the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder extracorporeal shockwave therapy 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. Decision based on Non-MTUS Citation Bannuru, RR; Flavin, NE; Vaysbrot, E; Harvey, W; McAlindon, T. High-energy extracorporeal shock-wave therapy for treating chronic calcific tendinitis of the shoulder: a systematic review. *Ann Intern Med.* 2014 Apr 15;160 (8): 542-9. 2) Mouzopoulos G1, Stamatakos M, Mouzopoulos D, Tzurbakis M. Extracorporeal shock wave treatment for shoulder calcific tendonitis: a systematic review. *Skeletal Radiol.* 2007 Sep; 36 (9): 803-11. Epub 2007 Apr 6. 3) American Academy of Orthopaedic Surgeons. Optimizing Management of Rotator Cuff Problems: Guideline and Evidence Report. Dec 2010.

Decision rationale: Extracorporeal shockwave therapy (ESWT) is a method of treatment for multiple tendonopathies. Although its medical value is disputed, there are a growing number of random controlled studies showing its effectiveness for treating chronic calcific tendinitis of the shoulder, plantar fasciitis and tennis elbow. ESWT is also commonly used for treating orthopedic problems in horses, including tendon and ligament injuries, kissing spine, navicular syndrome, and arthritis. It is thought to work by a repeated shock wave creating microtrauma thus stimulating neo-vascularization (new blood flow) into the area treated. This new blood flow promotes tissue healing. The ACOEM guidelines suggest it as a treatment option for treating calcific tendinitis of the shoulder. This patient has not been diagnosed as having calcific tendonitis of the shoulder. There is no guideline promoting its use for shoulder impingement syndrome. Medical necessity for use of this treatment modality has not been established.

Right shoulder MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-203, 207-9, 214. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for Imaging Acute Shoulder Pain, Revised 2010.

Decision rationale: Magnetic Resonance Imaging (MRI) is a procedure performed in radiology to assess the body by clarifying the anatomy of the region tested. It can identify acute injuries (eg fractures, dislocations, infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. ACOEM guidelines as well as the guidelines published by the American College of Radiology suggest using this procedure to evaluate the shoulder when plain films of the shoulder are negative, symptoms

suggest a surgically correctable condition and/or the patient has failed rehabilitation efforts. Review of the available medical records on this individual reveals signs and symptoms of shoulder impingement. The treatment to date has failed to resolve the symptoms and the shoulder x-rays did not help diagnose the problems preventing healing. Medical necessity for this test has been established.