

<b>Case Number:</b>	CM15-0091641		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on June 18, 2013. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having left shoulder post SNP, left shoulder effusion, and left shoulder rotator cuff syndrome. Diagnostic studies to date have included MRIs of the left shoulder. Treatment to date has included chiropractic therapy, acupuncture, a Dynasplint, and medications including opioid analgesic, topical analgesic, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. On February 9, 2015, the injured worker complains of frequent left shoulder aches and cramps, which was rated 9/10. The physical exam revealed decreased range of motion with pain in all planes and positive left impingement, left Apprehension, and left Apley's signs. There was tenderness to palpation over the left biceps, deltoid, acromioclavicular joint, rhomboids, and pectoralis muscle. The Jamar readings were 28, 24, 22 kg = right hand and 6, 8, 10 kg = left hand. Her work status is temporarily totally disabled. The treatment plan includes a referral for surgical procedure with an orthopedic surgeon for the left shoulder and a home ultrasound unit. The requested treatments are a surgical procedure with an orthopedic surgeon for the left shoulder and 3-4 sessions of shockwave therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical procedure with an orthopedic surgeon for left shoulder Qty: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, surgical procedure with orthopedic surgeon left shoulder #1 is not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are left shoulder post SNP; left shoulder effusion; thoracic sprain/strain; lumbar strain/sprain with multilevel IVD; radiculitis; right knee sprain/strain; right wrist carpal tunnel syndrome via NCV; left shoulder rotator cuff syndrome. The treatment plan refers the patient to a [REDACTED], an orthopedic surgeon for a surgical procedure of the left shoulder, please authorize. The injured worker was diagnosed with a left shoulder effusion, thoracic sprain/strain, lumbar sprain/strain, etc. There is no documentation indicating what specific surgical procedure is being requested and there are no specific findings and recommendations regarding the surgical procedure requested. Additionally, the orthopedic surgeon should evaluate and examine the injured worker, determine what surgery needs to be provided, if any, and the orthopedic surgeon should submit an authorization for specific procedure. Consequently, absent clinical documentation to support the vague language including surgical procedure with orthopedic surgeon left shoulder #1, surgical procedure with orthopedic surgeon left shoulder #1 is not medically necessary.

**Shockwave therapy, 3-4 sessions, lumbar spine Qty: 4.00: 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), Low back - Shockwave therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Shockwave therapy.

**Decision rationale:** Pursuant to the Official Disability Guidelines, shockwave therapy 3 to 4 sessions to the lumbar spine #4 is not medically necessary. Shockwave therapy to the lumbar spine is not recommended. The available evidence does not support the effectiveness of ultrasound or shockwave for treating low back pain. The clinical use of these forms of treatment

is not justified and should be discouraged. In this case, the injured worker's working diagnoses are left shoulder post SNP; left shoulder effusion; thoracic sprain/strain; lumbar strain/sprain with multilevel IVD; radiculitis; right knee sprain/strain; right wrist carpal tunnel syndrome via NCV; left shoulder rotator cuff syndrome. A progress note dated February 9, 2015 does not contain a clinical discussion, clinical indication for the rationale for shockwave therapy for the lumbar spine. The guidelines do not recommend shockwave therapy to the lumbar spine. Consequently, absent clinical documentation with a clinical indication/rationale for shockwave therapy for the lumbar spine with guideline non-recommendations, shockwave therapy 3 to 4 sessions to the lumbar spine #4 is not medically necessary.