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| Case Number: | CM15-0092430 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 03/21/2013 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 05/14/2015 |

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: Physical Medicine & Rehabilitation

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 36-year-old female, who sustained an industrial injury on 3/21/2013. She reported pain in her shoulders, hands and wrists due to cumulative trauma. Diagnoses have included bilateral shoulder sprain/strain, bicipital tendinitis of the bilateral shoulders, bilateral elbow sprain/strain, bilateral wrist sprain/strain and bilateral wrist DeQuervain's tenosynovitis. Treatment to date has included physical therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 4/22/2015, the injured worker complained of pain in her shoulders, wrists, and hands with tingling and numbness. She reported having difficulty with gripping and grasping items and loss of strength in both hands. She rated her right shoulder pain as 4/10; left shoulder pain was rated 8/10. She rated her right hand pain as 5/10 and left hand pain as 4/10. She rated her right wrist pain as fluctuating from 0-5/10 and left wrist pain as 3/10. Tinel's and Phalen's tests were positive. Physical exam revealed tenderness to palpation of the hands, forearms and shoulders. Authorization was requested for a trial of shockwave therapy for the bilateral shoulders, hands and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of shockwave therapy x 3 to bilateral hands, wrists and shoulders: 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), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Extracorporeal shock wave therapy (ESWT), page 915-916.

Decision rationale: The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis; however, there is no evidence of benefit in non-calcific rotator cuff tendinitis or other shoulder disorders without diagnosis identified here. Guideline criteria include symptomatic calcifying tendinitis for at least 6 months despite at least three conservative treatments trial performed prior to ESWT attempt that shoulder includes trial of therapy, medication, and cortisone injection. Minimal documented clinical findings do not report shoulder range limitations nor is there any diagnosis for calcific tendinitis, a criteria for ESWT per guidelines. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The Trial of shockwave therapy x 3 to bilateral hands, wrists and shoulders is not medically necessary and appropriate.