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| <b>Case Number:</b>   | CM15-0093791 |                              |            |
| <b>Date Assigned:</b> | 05/20/2015   | <b>Date of Injury:</b>       | 02/26/2014 |
| <b>Decision Date:</b> | 06/25/2015   | <b>UR Denial Date:</b>       | 04/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2015 |

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39 year old male patient, who sustained an industrial injury on February 26, 2014. The diagnoses include sprain of ligaments of cervical spine, rule out disc displacement, rule out radiculopathy of the cervical region and pain in the right shoulder rule out joint derangements. He sustained the injury due to lifting boxes. Per the note dated 4/13/15(per the peer review note), he had stress, anxiety, depression and sleep loss due to chronic pain. Per the note dated 9/23/15, he had complains of continued right shoulder pain and neck pain with burning, tingling, numbness and weakness of the right upper extremity. The physical examination revealed cervical spine- tenderness, stiffness and decreased range of motion, right shoulder- tenderness and decreased range of motion, decreased sensation and strength in the right upper extremity. The medications list includes deprizine, dicopanol, fanatrex, tabradol and topical compound creams. Treatment to date has included diagnostic studies, medications, rest and work restrictions. A trial of shockwave therapy for the right shoulder, wrist and elbow and a psychological evaluation were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of shockwave therapy for the right shoulder, right wrist, right elbow 3x/body part at 2 weeks intervals: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, initial care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 05/04/15) Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** Trial of shockwave therapy for the right shoulder, right wrist, right elbow 3x/body part at 2 weeks interval Per the cited guidelines: Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. Evidence of calcifying tendinitis is not specified in the records provided. Per the cited guidelines, there is no high-grade scientific evidence to support the use of shockwave treatment for this diagnosis. Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of Trial of shockwave therapy for the right shoulder, right wrist, right elbow 3x/body part at 2 weeks interval is not medically necessary in this patient.

**Psych evaluation and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7, page 127.

**Decision rationale:** Psych evaluation and treatment. MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM's Occupational Medicine Practice Guidelines, Online Edition Chapter 7, Independent Medical Examinations and Consultations, page 127 Per the cited guidelines, The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The need for an office visit for the patient has to be individualized based on patient's unique presentation and signs/symptoms. A recent detailed clinical evaluation with basic psychiatric history is not specified in the records provided. Evidence of uncertain or extremely complex diagnosis is not specified in the records provided. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. The medical necessity of a Psych evaluation and treatment is not medically necessary for this patient.