

<b>Case Number:</b>	CM15-0097032		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 62 year old male, who sustained an industrial injury on 9/29/14. He reported right shoulder injury. The injured worker was diagnosed as having right shoulder fracture, right shoulder torn ligaments and visual problems. Treatment to date has included shockwave treatment, right shoulder injection, oral medications including narcotics and ibuprofen, home exercise program and 2 physical therapy sessions. Currently, the injured worker complains of pain in right shoulder/arm rated 6/10 unchanged since previous visit. The injured worker notes he is benefiting from physical therapy. Physical exam noted tenderness to palpation of right shoulder with restricted range of motion, positive impingement test and tenderness to palpation of right arm. The treatment plan included 12 sessions of physical therapy and 4 shockwave therapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ECSWT (Extracorporeal Shock Wave Therapy) for the Right Shoulder, once a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Extracorporeal shock wave therapy (ESWT).

**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 sustained a work injury to the right shoulder in September 2014 with humeral head and humeral shaft fractures. Treatments have included at least three courses of physical therapy and there are 18 treatments documented. When seen, there had been no improvement after a shoulder injection. Pain was rated at 8/10. There was decreased shoulder range of motion with tenderness. Impingement testing was positive. Authorization for additional physical therapy and shockwave treatments was requested. 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.

**Physical Therapy 2 x 6 for the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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), physical therapy.

**Decision rationale:** The claimant sustained a work injury to the right shoulder in September 2014 with humeral head and humeral shaft fractures. Treatments have included at least three courses of physical therapy and there are 18 treatments documented. When seen, there had been no improvement after a shoulder injection. Pain was rated at 8/10. There was decreased shoulder range of motion with tenderness. Impingement testing was positive. Authorization for additional physical therapy and shockwave treatments was requested. Guidelines recommend up to 18 visits over 12 weeks for the treatment of this condition. In this case, the number of additional visits requested is in excess of that recommended or what would be needed to establish or revise a home exercise program. The request is not medically necessary.