

<b>Case Number:</b>	CM15-0097838		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 49-year-old female, who sustained an industrial injury on 1/17/12. She reported neck and left shoulder pain. The injured worker was diagnosed as having left shoulder impingement syndrome and left supraspinatus tendinosis with disc osteophyte. Treatment to date has included acupuncture and medications including Anaprox DS and Norco. Physical examination findings included decreased left shoulder range of motion. Currently, the injured worker complains of left shoulder pain. The treating physician requested authorization for ultrasonic shockwave therapy 1x6 for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasonic shockwave therapy 1 time a week for 6 weeks for the left shoulder:** Upheld

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

**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-related injury in January 2012 and continues to be treated for left shoulder impingement. When seen, she was having ongoing pain. There was decreased shoulder range of motion and positive impingement and apprehension testing. An MRI of the shoulder showed acromioclavicular arthritis a mild tendinosis. 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.