

<b>Case Number:</b>	CM15-0099003		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	05/02/2011
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 48 year old male, who sustained an industrial injury on May 02, 2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical annular tear, cervical muscle spasm, cervical radiculopathy, cervical sprain and strain, status post cervical spine surgery, lumbago, lumbar disc protrusion, lumbar impingement syndrome, lumbar musculoligamentous injury, lumbar myospasms, lumbar sprain and strain, left rotator cuff tear, left shoulder internal derangement, left shoulder pain, and left tenosynovitis. Treatment and diagnostic studies to date has included medication regimen and trigger point impedance imaging with neurostimulation therapy. In a progress note dated April 01, 2015 the treating physician reports complaints of occasional, minimal, throbbing pain to the neck, frequent, mild, achy pain to the low back, and occasional, mild, and achy pain to the left shoulder. Examination reveals decreased range of motion to the lumbar spine, tenderness to palpation to the lumbar paravertebral muscles, spasm to the lumbar paravertebral muscles, tenderness to the anterior shoulder, tenderness to the lateral shoulder, and tenderness to the posterior shoulder. The medical records provided included trigger point injections impedance imaging on March 24, 2015 that was remarkable for lumbar spine myofascial pain syndrome. Following imaging, the injured worker underwent localized intense neurostimulation therapy that was performed on the same date with the treating chiropractor noting that the injured worker had 20% relief of pain after the therapy was performed. The treating physician requested shockwave therapy for the right shoulder, but the documentation did not indicate the specific reason for the requested treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Shockwave therapy for the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Criteria for the use of 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 in May 2011 and continues to be treated for neck, low back, and left shoulder pain. When seen, there was decreased lumbar spine range of motion with paraspinal muscle tenderness and spasms. There was left shoulder tenderness. Authorization is being requested for shockwave treatments for the left shoulder. An MRI of the left shoulder in September 2011 showed findings of a near full thickness rotator cuff tear with acromioclavicular joint arthropathy and a subdeltoid bursa effusion with biceps tenosynovitis. 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 confirmed by x-ray and, additionally, the number of requested treatments is not specified. The request is not medically necessary.