

<b>Case Number:</b>	CM15-0099198		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/28/2015
<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: 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:

The injured worker is a 59 year old male who sustained an industrial injury on 4/28/15 injuring his left shoulder while lifting a box. He has had recurrent flare-ups of shoulder pain. Currently he complains of left shoulder pain which is improved and with a pain level of 5/10. He had a left shoulder injection on 4/11/15 and surgery on 12/8/14. He still has bilateral shoulder pain. On physical exam of the left shoulder there was tenderness on palpation and edema. He has decreased range of motion of left and right upper extremities, cervical and lumbar spine. Medications are Tylenol and aspirin. Diagnoses include status post right (11/2/12) and left (5/4/12) shoulder surgery; right shoulder impingement; right shoulder tendonitis; left shoulder tendonitis; rupture/ herniation of cervical disc; lumbar disc bulge with radiculitis. Treatments to date include cervical epidural steroid injection (7/21/12) and lumbar epidural steroid injection both with improvement; physical therapy with benefit. Diagnostics include MRI of the left shoulder (9/14/14) showing a 2mm tear and cyst of the humeral head; MRI soft tissue of the neck (10/26/14) showing lymph node, right thyroid nodule; MRI of the lumbar spine (10/26/14) showing disc space desiccation. In the progress note dated 4/21/15 the treating provider is requesting shock wave therapy of 4 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy x 4 sessions to both shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESWT extracorporeal shockwave therapy.

**Decision rationale:** This patient receives treatment for bilateral shoulder pain. This relates back to an industrial injury dated 04/28/2015. The patient received shoulder injections, physical therapy, and each shoulder had surgery in the past. This review addresses a request for 4 sessions of shockwave therapy (ESWT). The patient's medical diagnoses include R shoulder impingement, bilateral shoulder tendinitis, and cervical disc disease. ESWT may be medically indicated to treat calcific tendinitis. The documentation does not name this particular shoulder problem. Well designed prospective clinical trials have not shown benefits in treating other forms of shoulder tendinitis, therefore the request for ESWT therapy is not medically indicated.