

Case Number:	CM14-0136609		
Date Assigned:	09/03/2014	Date of Injury:	03/04/2013
Decision Date:	11/17/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female with a date of injury of 03/04/2013. The requesting physician is [REDACTED] and progress reports from 01/13/2014 through 06/09/2014 were reviewed. The most recent progress report is from 06/09/2014 by [REDACTED] who states that patient continues with cervical spine, right shoulder, and right elbow pain. List of diagnoses included: 1. cervical spine sprain/strain with right upper extremity radiculopathy. 2. Right shoulder periscapular sprain/strain. 3. Right elbow medial epicondylitis. 4. Right wrist sprain/strain. Treatment plan states, "Proceed with authorized ESWT for right shoulder." Report 05/09/2014 by [REDACTED] states that the patient has right shoulder pain with clicking and weakness. Right shoulder examination revealed tenderness to palpation and positive impingement sign. Report 04/02/2014 by [REDACTED] states that the patient has decrease in range of motion in the cervical spine with positive compression. Right elbow range of motion was noted as decreased with positive Cozen's. This is a request for high- or low-energy extracorporeal shock wave treatment x5 for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

High and/or Low Energy Extracorporeal Shockwave Treatment 5x (5 Per Diagnosis, 1x2 Weeks) Energy Level TBD at Time of Treatment for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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) ODG Guidelines ESWT the Shoulder Chapter

Decision rationale: This patient presents with neck, right shoulder, and wrist pain. The request is for high- or low-energy extracorporeal shock wave treatment x5 for the right shoulder. The MTUS Guidelines and ACOEM Guidelines do not discuss Extracorporeal Shock Wave Treatments. The ODG Guidelines under ESWT under the Shoulder Chapter states, "Recommended for calcifying tendinitis, but not for other disorders, for patients with calcifying tendinitis of the shoulder in homogeneous deposits, quality evidence have found extracorporeal shock wave therapy equivalent or better than surgery and it may be given priority because of its non-invasiveness." In this case, there is no diagnostic imaging that report calcium deposits on tendon or calcified tendinitis. The requested ESWT is not medically necessary, and recommendation is for denial.