

<b>Case Number:</b>	CM14-0140328		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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:

This injured worker is a 32 year old woman with a lifting injury on April 18, 2014. She has cervical spine pain, low back pain and takes Naproxen. On July 10, 2014, she complained of neck, shoulder, back, wrist and knee pain rated 8/10 to 10/10. Her exam showed a decrease in the cervical spine, shoulder, lumbar spine, knee and wrist ranges of motion, all with associated tenderness. Tenderness was noted in the deltopectoral groove of her shoulder and at the insertion point of the supraspinatus muscle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of extracorporeal shockwave therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extracorporeal Shockwave Therapy Official Disability Guidelines (ODG) Foot & Ankle, Extracorporeal Shockwave Therapy

**Decision rationale:** Extracorporeal shockwave therapy is not addressed in the Medical Treatment Utilization guidelines. Official Disability Guidelines support shockwave therapy for

plantar fasciitis and calcific tendinitis of the shoulder. This worker's physical exam shows limitation diffusely in ranges of motion. However, there is no peer-reviewed evidence to support its use for the cervical spine, lumbar spine, knee or wrist. The shoulder pathology indicates tenderness in the deltopectoral groove and at the insertion point of the supraspinatus muscle. There is no documentation of calcific tendinitis of the shoulder. Therefore, this request is not medically necessary.