

<b>Case Number:</b>	CM14-0143618		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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, 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 71 year old male who was injured on 03/30/2012. Prior treatment history has included shockwave therapy, 10 sessions of physical therapy, and manipulation therapy. The patient underwent left shoulder surgery. Progress report dated 09/11/2014 indicates the patient presented with complaints of pain in the left shoulder rated as 10/10. He reported his pain is temporarily decreased with sleep. On exam, left shoulder revealed decreased range of motion with tenderness over the AC joint. His orthopedic tests are positive. He has diminished grip testing and muscle tenderness. The patient is diagnosed with left shoulder sprain/strain and was recommended for shockwave therapy for left shoulder. Prior utilization review dated 08/11/2014 by [REDACTED] the request for Six (6) shockwave therapy sessions for the left shoulder is denied as medical necessity has not been established. The patient is s/p left shoulder replacement in the 7/12/14 progress note

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) shockwave therapy sessions for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder,

**Decision rationale:** As per MTUS guidelines, shockwave therapy is recommended for calcifying tendinitis but not for other shoulder disorders. A contraindication is previous surgery for this condition. In this case, this patient was diagnosed with left shoulder sprain/strain and s/p left shoulder replacement in the 7/12/14 progress note according to UR note. Guidelines only recommend this treatment for calcific tendinitis and there is no reference to support its use in this patient. As such, the medical necessity has not been established.