

Case Number:	CM13-0035139		
Date Assigned:	03/19/2014	Date of Injury:	01/19/1999
Decision Date:	10/14/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

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 69 year old female, who sustained an industrial injury on 01-19-1999. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for status post bilateral shoulder arthroscopy, lumbar herniated nucleus pulposus, chronic pain syndrome status post cervical fusion, bilateral carpal tunnel syndrome, lumbar stenosis, chronic low back pain, mild bilateral distal ulnar neuropathy, bilateral sacroiliitis, acute flare-up of sciatica in bilateral lower extremities, lumbar disc protrusion, status post bilateral carpal tunnel release, and lumbar radiculopathy. Treatment and diagnostics to date has included bilateral wrist surgery, right foot surgery, lumbar spine epidural steroid injection, and medications. Current medications include Cymbalta, Ambien, Zanaflex, and Sonata. In a progress note dated 09-18-2013, the injured worker reported constant neck pain, rated 4 out of 10, with radiation to the left upper extremity, intermittent low back pain, and constant left shoulder pain rated 4 out of 10. Objective findings included decreased lumbar range of motion, positive straight leg raise test and Kemp's test on the left, diminished sensation to light touch over the left L3 and L4 dermatomes, and weakness in left quadriceps and tibialis anterior muscle groups. The Utilization Review with a decision date of 10-03-2013 non-certified the request for extracorporeal shock wave therapy for the left shoulder x 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extra corporeal shock wave therapy; three (3) sessions for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, extracorporeal shock wave therapy (ESWT) section.

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 has a remote history of a work injury occurring in January 1999 and continues to be treated for neck pain, low back pain, and left shoulder pain. She has a history of bilateral shoulder arthroscopic surgery. She has a diagnosis of severe glenohumeral degeneration with impingement and tendinosis. She had right carpal tunnel release surgery in May 2013 followed by physical therapy. A pre-operative chest x-ray in April 2013 included findings of distal clavicle erosive changes without mention of calcific tendinitis. When seen, she was having constant radiating neck and low back pain with intermittent right and constant left shoulder pain. She was having bilateral wrist and hand pain with stiffness. Physical examination findings included positive right straight leg raising with decreased right lower extremity strength, sensation, and patellar reflex. Authorization for shockwave treatments for the left shoulder were requested. Extracorporeal shock wave therapy 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 definite diagnosis of calcific tendinitis and, when requested, there was no examination of the shoulder that might be used to support the procedure being requested. The request cannot be accepted as being medically necessary.