

Case Number:	CM13-0018554		
Date Assigned:	10/11/2013	Date of Injury:	03/26/2013
Decision Date:	05/15/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 Physician 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 injured worker is a 30-year-old male who reported an injury on 03/26/2013 after his hand got caught between stairs and the stage, causing injury to his left wrist. The injured worker's treatment history included chiropractic physical therapy, acupuncture, a brace and interferential unit and no use of the left hand. The injured worker underwent an MRI dated 12/04/2013 that was positive for a tear of the triangular fibrocartilage complex and a partial tear of the extensor carpi ulnaris. The injured worker was evaluated on 08/19/2013. It was documented that the injured worker had intermittent persistent left wrist pain rated at an 8/10. Physical findings included tenderness to palpation and spasming in the left wrist with a positive Phalen's sign and a negative Tinel's sign. Range of motion was described as 50 degrees in dorsiflexion, 50 degrees in palmar flexion, 10 degrees in radial deviation and 20 degrees in ulnar deviation. It was noted that range of motion was limited secondary to pain. The injured worker also had decreased grip strength rated at 5 kg on the left side as compared to 50 kg on the right side. The injured worker's diagnoses included a left wrist sprain, left hand sprain, crush injury of the left wrist and insomnia. Treatment recommendations included the continuation of medications, extracorporeal shockwave therapy for the left wrist, acupuncture and braces for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The requested extracorporeal shockwave therapy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine indicates that ultrasound therapy does assist in limited pain control; however, it does not have any significant long-term benefit. The clinical documentation submitted for review does indicate that the injured worker has significant deficits that require ongoing medical management. However, the request, as it is submitted, does not clearly define a duration of treatment or a specified body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested extracorporeal shockwave therapy is not medically necessary or appropriate