

Case Number:	CM13-0020015		
Date Assigned:	10/11/2013	Date of Injury:	09/22/2010
Decision Date:	06/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/04/2013

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. The expert reviewer is Board Certified in Physical Medicine & 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 46 year old female with date of injury 9/22/10. The treating physician report dated 7/10/13 indicates that the patient presents with pain affecting the right hand to the right shoulder with bilateral hand paresthesia. The current diagnoses are: Right wrist CTS; Right hand sprain/strain; Right wrist tenosynovitis. The utilization review report dated 9/3/13 denied the request for extracorporeal shock wave treatments unspecified, pain management consult and hand surgeon consultation/treatment based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPEAL SHOCK WAVE TREATMENTS UNSPECIFIED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

Decision rationale: The ODG Guidelines indicate that ESWT is an option for calcifying tendonitis of the shoulder only and is not recommended for treatment of the elbow. The Forearm,

Wrist & Hand as well as the Carpal Tunnel Syndrome chapters do not address ESWT for the wrist. The treating physician has not documented any rationale as to why this procedure is being recommended. The objective findings on 7/10/13 state that a review of an MRI showed Fifth flexor digitorum tenosynovitis, tenderness to right hand and NCV-abnormal study. There is no medical evidence to support the current request.

PAIN MANAGEMENT CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

Decision rationale: The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise in pain management may be required in this post-surgical patient. Therefore, this request is medically necessary

HAND SURGEON CONSULTATION/TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

Decision rationale: The patient presents with chronic pain affecting the right upper extremity, bilateral hand paresthesia and weakness of the right hand. The current request is for hand surgeon consultation/treatment. In reviewing the treating physician report dated 7/10/13 the treating physician identifies himself as a general surgeon. There is nothing in the report to indicate that a referral to a hand surgeon is being requested. The ACOEM Guidelines do support referral to a specialist when additional expertise is required. There are 957 pages provided for review in this request. No request for hand surgeon consultation/treatment was identified, and no rationale provided. The request is not medically indicated.