MAXIMUS Federal Services

| Case Number: | CM13-0020555 | | |
|---|---|---|---|
| Date Assigned: | 09/12/2014 | Date of Injury: | 03/02/2012 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/15/2013 |
| Priority: | Standard | Application Received: | 09/05/2013 |

## 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 Occupational Therapy 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 applicant is a represented [redacted] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of March 2, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of manipulative therapy.In a Utilization Review Report seemingly dated July 9, 2013, the claims administrator denied a request for extracorporeal shockwave therapy for the hand and wrist. A variety of non-MTUS guidelines were cited, including the 2004 ACOEM Elbow Chapter and ODG's Elbow Chapter.The applicant's attorney subsequently appealed.In a July 17, 2013 progress note, the applicant was apparently given a diagnosis of cervical radiculopathy versus peripheral neuropathy.In a January 15, 2013 Doctor's First Report (DFR), the applicant was described as a former handyman.Overall documentation on file was quite sparse and did not seemingly include the June 18, 2013 progress note on which the services in question were reportedly requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**SHOCKWAVE THERAPY ONE TIME A WEEK FOR THREE WEEKS TO THE LEFT HAND:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (updated 5/7/13) extracorporeal shockwave therapy (ESWT

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Therapeutic Ultrasound topic Page(s): 123.

**Decision rationale:** Extracorporeal shockwave therapy is a subset of therapeutic ultrasound. However, as noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound is "not recommended" in the chronic pain context seemingly present here. It is further noted that the Third Edition ACOEM Guidelines note that "for most body parts," that there is evidence that extracorporeal shockwave therapy is ineffective. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS and ACOEM positions on the article at issue although it is acknowledged that the June 18, 2013 progress note in which the services in question were sought was seemingly not submitted for review. The information on file and unfavorable guideline recommendations, however, do not support the request. Therefore, the request is not medically necessary.