

Case Number:	CM13-0023480		
Date Assigned:	03/14/2014	Date of Injury:	03/22/2012
Decision Date:	04/22/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/12/2013

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 Medicine, 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 56 year old female patient with a 3/22/12 date of injury. She presented with hand/wrist complaints and low back pain. Treatment recommendation from a 4/8/13 note states that the patient should have evaluation and treatment with pain management, evaluation and treatment with cognitive behavioral therapy, and a course of PT. The patient was seen on 7/2/13 with continued wrist, hand and low back pain. The note indicates that the patient has been participating in acupuncture. 8/6/13 note indicates that the patient has constant left hand and wrist pain and constant low back pain. She has been receiving acupuncture and LINT. There was a recommendation for a wrist brace for the right to avoid injury. She has received acupuncture, medication, rest, and heat. There is documentation of an adverse determination citing that there is no indication that this claimant has completed lower levels of care and is ready to return to work and lack of guidelines support for shockwave therapy for hand/wrist complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

Decision rationale: As stated on pages 137-138 of the California MTUS ACOEM occupational medicine practice guidelines, FCEs are deliberately simplified evaluations that are not an accurate representation of what an patient can or cannot do in the workplace. Functional capacity evaluations are highly effort dependent and merely reflect what an patient chooses to perform on a certain day. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. There is no indication from the records that the patient has exhausted conservative care (including physical therapy or any interventional care), that diagnostic workup has been complete, or that the patient is ready to return to work. The request is not medically necessary.

SHOCKWAVE THERAPY TREATMENT LEFT WRIST: 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. Decision based on Non-MTUS Citation AETNA ESWT FOR MUSCULOSKELETAL INDICATIONS AND SOFT TISSUE INJURIES.
[HTTP://WWW.AETNA.COM/CPB/MEDICAL/DATA/600_699/0649.HTML](http://www.aetna.com/cpb/medical/data/600_699/0649.html)

Decision rationale: CA MTUS ACOEM does not address the use of shockwave therapy for hand/wrist complaints. Aetna guidelines do not identify hand/wrist complaints as recommended indications for ESWT. There is no rationale provided to substantiate the use of a modality that is not specifically supported by evidence based guidelines. The request is not medically necessary.