

Case Number:	CM13-0035472		
Date Assigned:	12/13/2013	Date of Injury:	02/01/2011
Decision Date:	02/13/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/17/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 29 year old woman who sustained a work related injury on July 18 2005. Subsequently, the patient chronic right neck, shoulder, elbow and forearm pain and underwent right carpal tunnel release on September 11 2012. According to the progress note of August 27 2013 by ██████████, the patient reported right forearm numbness, and pain improved with medications. Physical examination showed preserved range of motion in the right wrist, pain in the left wrist and epicondyle tenderness. The provider is requesting authorization to use Low energy Extracorporeal Shockwave Treatment 3 x (3 per diagnosis 1 x every 2 weeks), right wrist to treat the patient condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low energy Extracorporeal Shockwave Treatment 3 times (3 per diagnosis 1 times every 2 weeks), right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [[Insert Guidelines used]].

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: According to MTUS guidelines, several studies evaluated the efficacy of Extracorporeal Shockwave Therapy for the treatment of lateral epicondylitis (LE). These studies

did not demonstrate its benefit for the management LE. There are no studies supporting its use for wrist pain. Therefore the prescription of Low energy Extracorporeal Shockwave Treatment 3 x (3 per diagnosis 1 x every 2 weeks), for right wrist is not medically necessary.