

Case Number:	CM13-0036227		
Date Assigned:	12/13/2013	Date of Injury:	12/19/2012
Decision Date:	05/14/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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 and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 38-year-old male who reported injury on 12/19/2012. The mechanism of injury was the injured worker was working and saw an individual stealing an [REDACTED] telephone and he and the senior manager chased the thief. The injured worker bumped the door and hit the right side of his head on the door when getting out. The thief pulled a weapon and the injured worker terminated pursuit. The injured worker had a fracture of the carpal bones in the right hand. The documentation of 08/08/2013 revealed the injured worker had right wrist pain of an 8/10. The right hand and ring finger were improved with pain of 5/10. The diagnosis included status post fracture right ring finger. The request was made for acupuncture and ESWT for the right wrist x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCK WAVE THERAPY TO THE RIGHT WRIST X3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Online Edition, Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wang, Ching-Jen. "Extracorporeal shockwave therapy in musculoskeletal disorders." Journal of orthopaedic surgery and research 7.1 (2012): 1-8.

Decision rationale: Per Wang, Ching-Jen (2012), "The application of extracorporeal shockwave therapy (ESWT) in musculoskeletal disorders has been around for more than a decade and is primarily used in the treatment of sports related over-use tendinopathies such as proximal plantar fasciitis of the heel, lateral epicondylitis of the elbow, calcific or non-calcific tendonitis of the shoulder and patellar tendinopathy etc." The clinical documentation submitted for review failed to indicate documented rationale for extracorporeal shockwave therapies. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation indicating prior treatments that had been given to the injured worker. Given the above, the request for shockwave therapy to the right wrist x3 is not medically necessary.