

<b>Case Number:</b>	CM13-0038552		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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. 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 58-year-old male who sustained multiple injuries due to continuous trauma from 5/24/89 to 10/1/10 secondary to repetitive work activities. The patient was diagnosed with cervical disc bulge, thoracic disc bulge, left shoulder tendinosis, status post right shoulder surgery, right elbow strain, and right wrist/hand strain. Right shoulder/arm surgery was performed on 10/06/10 by [REDACTED], the surgery resulted in improvement. A request for three shockwave therapy sessions for the right wrist was made. Cervical MRI dated 12/27/10 by Dr. Ravan demonstrated multilevel degenerative disc disease from C3-4 through C6-7. At C5-6, there was moderately severe narrowing with a 5 mm posterior central to left lateral encroachment. Thoracic MRI on the same date revealed multilevel degenerative disc disease from T5-6 through T10-11. Upper extremity EMG/NCV dated 1/13/11 showed evidence of severe bilateral carpal tunnel syndrome affecting sensory and motor components. Testing for this injury consisted of X-rays, MRI scanning, and upper extremity, electrodiagnostic studies. Prior treatment consisted of activity restrictions, medication, physical therapy, HEP, heat, massage, and traction. The patient continues to suffer neck, upper back, right shoulder/arm, right elbow/forearm, and right wrist/hand, and vision residuals as a result of this injury. As per 9/19/13 report, he presented with recurrent right wrist/hand pain. Examination revealed intact sensation at the right dorsal thumb web, right index tip, and right small tip. Shockwave therapy for the right wrist was recommended, but was denied for lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) shockwave therapy sessions for the right wrist between 10/2/2013 and 11/16/2013:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA, Clinical Policy Bulletin; Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries, number 0649.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC-Shoulder(Acute and Chronic) (updated 12/27/13):Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** Shockwave therapy for the right wrist was recommended. However, a more comprehensive evaluation of the right wrist and hand had not been provided to objectively document the patient's current deficits. Except for some conditions such as (Calcifying tendinitis of the shoulder and chronic plantar fasciitis), there is lack of high quality evidence to support the effectiveness of this modality for other musculoskeletal indications. With the above issues, the medical necessity of this request is not substantiated. Given all the above the request for 3 Shockwave Therapy Sessions for the right wrist is not medically necessary.