

Case Number:	CM13-0041644		
Date Assigned:	12/20/2013	Date of Injury:	05/04/2012
Decision Date:	07/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery, 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:

According to the records made available for review, this is a 52-year-old female with a 5/4/12 date of injury. At the time (9/27/13) of request for authorization for Ortho Shockwave for left hand and MRI of left hand, there is documentation of subjective (left hand pain radiating up to the elbow with tingling and numbness) and objective (tenderness to the left dorsal and ulnar hand at 3rd metacarpophalangeal, pain at end range of motion) findings, current diagnoses (hand sprain/strain; left hand tendonitis, and left wrist sprain/strain), and treatment to date (activity modification, medications, and physical therapy). There is no documentation of a condition/diagnosis with supportive subjective/objective/imaging findings for which a hand MRI would be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Shockwave for 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), 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 The Physician Reviewer based his/her decision on the non-MTUS website: http://www.anthem.com/medicalpolicies/policies/mp_pw_a050255.htm.

Decision rationale: The MTUS and ODG guidelines do not address extracorporeal shockwave therapy for the hand. Peer-reviewed literature identifies that the use of Extracorporeal Shock Wave Therapy (ESWT), including but not limited to the use of Extracorporeal Pulse Activation Therapy (EPAT) for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Ortho Shockwave for left hand is not medically necessary.

MRI of Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/Wrist/hand Chapter, Magnetic resonance imaging (MRI).

Decision rationale: The MTUS reference to ACOEM Guidelines indicate that documentation of wrist problems or red flags after four-to-six week period of conservative care and observation, are criteria necessary to support the medical necessity of wrist imaging. The ODG identifies documentation of Tumors, benign, malignant, metastatic; Infection or Inflammatory Conditions; Fracture or Trauma Evaluation when adequate diagnostic evaluation is not available on plain films; Neuropathic Osteodystrophy (e.g., Charcot Joint); Other signs, symptoms and conditions (Hemarthrosis documented by arthrocentesis; or Osteonecrosis; or Intra-articular loose body, including synovial osteochondromatosis; or Significant persistent pain unresponsive to a trial of 4 weeks of conservative management; or Abnormalities on other imaging (plain films or bone scans) requiring additional information to direct treatment decisions); suspicion of carpal instability, triangular cartilage ligament tears particularly when done in association with an arthrogram; scaphoid fracture; or Ulnar collateral ligament tear (Gamekeeper's thumb), as criteria necessary to support the medical necessity of wrist/hand MRI. Within the medical information available for review, there is documentation of diagnoses of hand sprain/strain; left hand tendonitis, left wrist sprain/strain. However, despite documentation of left hand pain radiating up to the elbow with tingling and numbness, tenderness to the left dorsal and ulnar hand at 3rd metacarpophalangeal, and pain at end range of motion, there is no clear documentation of a condition/diagnosis with supportive subjective/objective/imaging findings for which a hand MRI would be indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of left hand is not medically necessary.