

Case Number:	CM13-0050846		
Date Assigned:	12/27/2013	Date of Injury:	03/03/2013
Decision Date:	07/29/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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, and is licensed to practice in Nevada. 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 42-year-old who was reportedly injured on March 3, 2013. The mechanism of injury was noted as a work-related fall. The most recent progress note, from the treating physician, had no date of evaluation documented. It indicated that there were ongoing complaints of neck pain, low back pain, and bilateral elbow/wrist pain. Also noted was right sacral radiculopathy and supraorbital pain. The physical examination demonstrated lumbar spine positive tenderness to palpation, positive spasm, and decreased range of motion. The same findings were noted for the cervical spine as well as right distal radius. Range of motion of right distal radius was documented as 45 of flexion and 45 of extension. Diagnostic imaging studies included electromyogram/nerve conduction velocity on September 30, 2013, which revealed a normal study of bilateral upper extremities. Previous treatment included acupuncture, physical therapy, and medications to include Vicodin and ibuprofen. A request was made for shockwave therapy for the right wrist and low back and was not certified in the pre-authorization process on November 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY FOR THE RIGHT WRIST AND LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic) - ESWT (updated 6/5/14).

Decision rationale: The Official Disability Guidelines support the use of low energy Extracorporeal Shockwave Therapy (ESWT) as an option for chronic plantar fasciitis and is under study for patellar tendinopathy and for long bone hypertrophic nonunion. Review of the available medical records failed to document any diagnosis for which ESWT would be appropriate. The request for shockwave therapy for the right wrist and low back is not medically necessary or appropriate.