

<b>Case Number:</b>	CM13-0055541		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 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 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 62-year-old female who reported an injury on 02/16/2012. The mechanism of injury was noted to be a trip over a pipe that was on the floor and a fall forward. The patient landed on her right knee and broke her fall using her hands. The patient was noted to have extracorporeal shockwave therapy on 01/30/2013. The physician note submitted for the request on 07/13/2013 was hand written and difficult to read. The patient's diagnosis was noted to be bilateral wrist sprain/strain. The patient had pain a 9/10 in the right hand and 8/10 in the left hand. The request was made for ESWT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**bilateral wrist Extracorporeal Shockwave Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 indicated the patient had a prior ESWT therapy. There was a lack of documentation indicating the patient's objective functional benefit and objective pain decreases that was received from the extracorporeal shockwave therapy. The request as submitted failed to indicate the quantity of extracorporeal shockwave therapy that was being requested. There was a lack of documentation of exceptional factors to warrant the use of extracorporeal shockwave therapy. Given the above, the request for bilateral wrist Extracorporeal Shockwave Therapy is not medically necessary.