

Case Number:	CM13-0056418		
Date Assigned:	04/25/2014	Date of Injury:	10/20/2008
Decision Date:	06/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine 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 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:

Injured worker is a female with date of injury 10/20/2008. Per primary treating physician's progress report, the injured worker complains of neck pain 7/10 radiating to the right upper extremity with pinching pain. She has bilateral shoulder pain 8/10 radiating to bilateral upper extremities with pinching pain, right greater than left. She has bilateral hand pain 7/10 with numbness, right greater than left. She has low back pain 6/10 radiating to the right leg and calf with pinching pain. On exam of cervical spine there is positive cervical compression on the right, positive Jackson's on the right, positive Rhomberg's, and restricted range of motion. Bilateral shoulders have positive apprehension. Right elbow has positive Tinel's. Thoracic spine has spasms and restricted flexion and extension. There is decreased sensation on C5-C6 dermatomes on the right. Lumbosacral spine has positive straight leg raise at 30 degrees on the right, positive Braggard's right, positive Bowstring's on right, positive sciatic notch right greater than left, and restricted range of motion. Hips have positive Patrick's FABER. There is decreased sensation on L5 dermatome on the right. Gair favors right lower extremity. Diagnoses include 1) cervical IVD displacement without myelopathy (multi-level) 2) right upper extremity radiculopathy 3) carpal tunnel symptoms on right 4) L5-S1 4mm IVD displacement without myelopathy 5) right lower extremity radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE TREATMENTS (ESWT) TO THE RIGHT WRIST X 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [REDACTED] (ESWT for Musculoskeletal Conditions).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Criteria for the use of Extracorporeal Shockwave Therapy (ESWT). Additionally, Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, Lateral Epicondylalgia, page 235.

Decision rationale: The MTUS does not specifically address the topic of extracorporeal shockwave therapy for the wrists, however it does discuss the topic for the elbow. Per the American College of Occupational and Environmental Medicine (ACOEM) guidelines for the elbow, extracorporeal shockwave therapy is strongly not recommended. These guidelines states that quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. The (ODG) Official Disability Guidelines also does not recommend the use of extracorporeal shockwave therapy for the elbow. This treatment modality is not addressed in the forearm, wrist and hand chapter of the ODG. There is a lack of evidence that the use of extracorporeal shockwave therapy is indicated for wrists. The guidelines do not support the use of extracorporeal shockwave therapy for the elbow indicating that it would not likely provide benefit for the wrist as well. The request for extracorporeal shockwave treatment (ESWT) to the wrist x3 is determined to not be medically necessary.