

Case Number:	CM13-0056710		
Date Assigned:	12/30/2013	Date of Injury:	09/26/2011
Decision Date:	03/31/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine & Rehabilitation 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 37 year old female who reported an injury on 09/26/2011 after stacking boxes that weighed approximately 10 to 60 pounds and reportedly caused injury to her shoulder. The patient ultimately developed low back pain, carpal tunnel syndrome related pain, hand pain and wrist pain as a result of her injuries. The patient's treatment history included anti-inflammatory medications, physical therapy, and acupuncture. The patient underwent and EMG/NCV in 12/2011 that determined the patient had a mild right-sided carpal tunnel syndrome. The patient's most recent clinical examination findings included pain and tenderness to palpation of the bilateral wrists with a positive Phalen's test bilaterally. A request was made for an MRI of the left wrist and extracorporeal shock wave therapy 1 time a week for 3 weeks for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESCWT Shockwave Treatment to Bilateral Wrist 1x3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index

Decision rationale: The requested extracorporeal shockwave therapy for the bilateral wrists 1 time a week for 3 weeks is not medically necessary or appropriate. Clinical documentation submitted for review does indicate that the patient has bilateral wrist pain and a positive bilateral Phalen's test. Peer-reviewed literature "the effectiveness of extracorporeal shockwave therapy versus local steroid injection for management of carpal tunnel syndrome: a randomized control trial, provides evidence that this treatment modality has shown promising results in the treatment of carpal tunnel syndrome. However, further randomized control trials are needed to support effectiveness of this type of therapy over more traditional therapies to include injection therapy." As this type of treatment is not supported by extensive scientific studies, this treatment would not be indicated at this time. As the requested extracorporeal shockwave therapy to the bilateral wrist 1 x 3 is not medically necessary or appropriate.

MRI Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The requested MRI of the left wrist is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends MRIs as an option for patients who are surgical candidates prior to evaluation from a specialist. The clinical documentation submitted for review does not clearly identify that the patient is a surgical candidate or that the patient is being evaluated by a specialist. As such, the need for an MRI is not clearly identified. As such, the requested MRI for the left wrist is not medically necessary or appropriate.