

<b>Case Number:</b>	CM13-0061718		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Preventive 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:

According to the records made available for review, this is a 56-year-old female with a 5/2/12 date of injury. At the time (10/21/13) of request for authorization for extracorporeal shock wave therapy for bilateral hands and wrists, there is documentation of subjective (bilateral elbow pain) and objective (tenderness to palpation over the radio-carpal joint and decreased range of motion over the wrists) findings, current diagnoses (status post left radial head fracture), and treatment to date (medications and ESWT).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EXTRACORPOREAL SHOCK WAVE THERAPY FOR BILATERAL HANDS AND WRISTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

**Decision rationale:** MTUS reference to ACOEM Guidelines identify some medium quality evidence supporting manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. In addition, MTUS reference to ACOEM

Guidelines state there is a recommendation against using extracorporeal shockwave therapy for evaluating and managing elbow complaints. Therefore, based on guidelines and a review of the evidence, the request for extracorporeal shock wave therapy for bilateral hands and wrists is not medically necessary.