

Case Number:	CM13-0062079		
Date Assigned:	12/30/2013	Date of Injury:	08/02/2010
Decision Date:	12/31/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/04/2013

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:

According to the records made available for review, this is a 38-year-old male with an 8/2/10 date of injury. At the time (10/2/13) of the request for authorization for extracorporeal shockwave therapy (ESWT) for the bilateral wrists, there is documentation of subjective (pain in his neck, mid/upper back, lower back, bilateral shoulders/arms and bilateral elbows/forearms) and objective (grade 3 tenderness to palpation over the paraspinal muscles of the cervical spine,, thoracic spine, lumbar spine, bilateral shoulders, bilateral arms, bilateral elbows, bilateral forearms, bilateral wrists, and bilateral hands; cervical compression test is positive; range of motion is restricted; impingement test is positive; and Tinel's and Phalen's tests are positive) findings, current diagnoses (cervical spine musculoligamentous strain/sprain with radiculitis, rule out cervical spine disc protrusion, thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain with radiculitis, lumbar spine discogenic disease, status post lumbar spine surgery 12/26/12, post surgical nasal pain, bilateral shoulder strain/sprain, bilateral shoulder impingement, left shoulder rotator cuff syndrome, bilateral elbow/forearm strain/sprain, lateral and medial epicondylitis, bilateral wrist strain/sprain, bilateral wrist carpal tunnel syndrome, status post left wrist carpal tunnel release, gastroesophageal reflux disease/irritable bowel syndrome, sleep disturbance secondary to pain, and depression/anxiety, situational), and treatment to date (medication and extracorporeal shockwave therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy (ESWT) for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Hand and Wrist Section, Carpal Tunnel Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.aetna.com/cpb/medical/data/600_699/0649.html.

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guidelines identify that extracorporeal shock-wave therapy (ESWT) is experimental and investigational for the following indications (not an all-inclusive list) because there is insufficient evidence of effectiveness of ESWT for these indications in the medical literature: Achilles tendonitis (tendinopathy); Delayed unions; Erectile dysfunction; Lateral epicondylitis (tennis elbow); Low back pain; Medial epicondylitis (golfers elbow); Non-unions of fractures; Osteonecrosis of the femoral head; Patellar tendinopathy; Peyronie's disease; Rotator cuff tendonitis (shoulder pain); Stress fractures; Wound healing (including burn wounds); Other musculoskeletal indications (e.g., calcaneal spur, Hammer toe, tenosynovitis of the foot or ankle, and tibialis tendinitis). Therefore, based on guidelines and a review of the evidence, the request for extracorporeal shockwave therapy (ESWT) for the bilateral wrists is not medically necessary.