

<b>Case Number:</b>	CM13-0063090		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 43 year old male that was diagnosed with cumulative wrist trauma on 9/5/2011. On 10/29/2013, there was subjective complains of bilateral wrist pain, numbness, tingling and weakness of bilateral wrists. The objective findings were tenderness over the wrists, and decreased range of motion of the wrist. On 8/9/2013, the patient was evaluated by orthopedic specialist [REDACTED]. He noted that the patient did not have any convincing evidence of carpal tunnel syndrome. He recommended confirmatory electrodiagnostic studies. The patient was also evaluated by orthopedic specialist [REDACTED] who recommended continuation of physical therapy on 9/30/2013. The medications listed are compound ketoprofen 20%, compound cyclophene 5%, synapryn 10mg, Tabradol, Deprizine, Dicopanol and Fanatrex. A Utilization Review decision was rendered on 11/13/2013 recommending non certification of Shockwave therapy 3 x week for 4 weeks to bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWELVE (12) SHOCKWAVE THERAPY FOR BILATERAL WRISTS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG ELBOW (UPDATED 05/07/13),EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) AND SUPPLEMENTAL GUIDELINES; [HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/23044704](http://www.ncbi.nlm.nih.gov/pubmed/23044704).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION ELBOW -- EXTRACORPOREAL SHOCKWAVE THERAPY

**Decision rationale:** The California MTUS guidelines did not address the use of shockwave therapy in the treatment of wrist disorders. The ODG guidelines listed indications for the use of Extracorporeal Shockwave Therapy (ESWT) for the treatment of epicondylitis and carpal tunnel disorders. The guidelines stipulate that ESWT may be beneficial for patients who continued to have disabling symptoms after completion of 6 months of physical therapy, steroid injections, NSAIDs, rest and the use of orthotics. This employee did not have a confirmed diagnosis of bilateral carpal tunnel syndrome. The employee was evaluated by two orthopedic specialists but neither could confirm the diagnosis of bilateral carpal tunnel syndrome. The record did not show that the employee had failed treatment with steroid injections, NSAIDs, rest and the use of orthotic. The employee did not meet the criteria for the use of shockwave therapy for the treatment of wrist disorder.