

Case Number:	CM13-0068879		
Date Assigned:	03/03/2014	Date of Injury:	08/17/2004
Decision Date:	05/26/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 79 year old female who had a work injury dated August 17, 2004 to the right wrist while reaching for a box overhead. Her treatment has included therapeutic exercises, electrical stimulation, myofascial therapy, paraffin and ultrasound. She had a right carpal tunnel release on January 14, 2005. Her diagnoses include right hand musculoligamentous injury status post (s/p) right wrist medial collateral ligament tear repair, right wrist tendinitis, contracture of the wrist joint and complex regional pain syndrome (CRPS). On a November 20, 2013 primary treating physician progress report the patient continues to complain of intermittent pain in the right wrist and hand. On a scale of 0 to 10 (when 0 is in no pain and 10 is the worst pain), she rates the severity of her pain as a 10 without medications or therapy. She states that she is not taking any medications. On physical exam of the right wrist, there is point tenderness to palpation over the palmar surface. Motor strength in the right hand is decreased to 3/5 associated with weakness. The treatment portion of the note states that the patient is in chronic phase of treatment. There is a request for a course of extracorporeal shockwave therapy (ESWT) for the right wrist, at a rate of once per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 14 Ankle and Foot Complaints Page(s): 203,29,371,Chronic Pain Treatment Guidelines CRPS treatment Page(s): 40-41. Decision based on Non-MTUS Citation Aetna clinical policy bulletin Number: 0649.

Decision rationale: Extracorporeal shockwave therapy (ESWT) for the right wrist is not medically necessary. The California MTUS guidelines discuss ESWT for the shoulder, foot and elbow but not specifically address it for the wrist. The Official Disability Guidelines do not discuss shockwave therapy for the wrist. There is documentation that the patient was diagnosed with CRPS. There is no discussion in the MTUS regarding shockwave therapy as a recommended treatment for CRPS or wrist issues of any type. The MTUS does not address ESWT for the wrist. There is discussion in regards to this treatment for the elbow in the MTUS. The MTUS does not recommend extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. Aetna does not recommend ESWT for musculoskeletal conditions experimental and investigational because there is insufficient evidence of effectiveness of ESWT for these indications in the medical literature. The request for ESWT for the right wrist is not medically necessary.