

<b>Case Number:</b>	CM14-0000779		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Family 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:

This is a 40 year old female who reported an industrial injury on 12/11/2009, almost five years ago, to the wrists, attributed to the performance of her job tasks. The patient complained of bilateral wrist pain attributed to carpal tunnel syndrome. The patient was also diagnosed with Tino synovitis. The patient was status post carpal tunnel release on 5/5/2010. The patient was noted to be taking Tylenol for pain. The patient reported ongoing and persistent pain to the bilateral forearms, wrists, and hands. The objective findings on examination included tenderness to palpation to the dorsal Palmer and radial aspect; positive bilateral wrist Tinel's sign, Phalen's sign and Finkelstein sign; motor strength documented as 4/5; decreased sensation to light touch and pinprick in the right upper extremity involving the median nerve at the some, index, middle, and ring fingers; grip strength diminished. The diagnoses were bilateral carpal tunnel syndrome; status post CTR to the left wrist; Tino synovitis. The treatment plan included topical FluriFlex; Relafen; Omeprazole; Tramadol; full duty; urine toxicology screen; ESWT to the bilateral wrists retrospective; x-rays left hand; EMG/NCV bilateral upper extremities; bilateral wrist braces; and additional physical therapy to the bilateral wrists and hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR ECSWT FOR THE BILATERAL WRISTS DOS  
12/6/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG ELBOW (ACUTE AND CHRONIC) PROCEDURE SUMMARY.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235.

**Decision rationale:** The retrospective request for ESWT to the bilateral wrists does not provide any objective evidence to support the medical necessity of the requested ESWT. The patient is being treated for carpal tunnel syndrome and tenosynovitis. There is no demonstrated evidence of a calcific tendinitis. The requested treatment is not demonstrated to be medically necessary and is not consistent with the recommendations of the CA MTUS. There is no rationale provided to support the medical necessity of the performed ESWT directed to the bilateral wrists. The treatment of the wrists with ESWT is not recommended by the CA MTUS, the ACOEM Guidelines or the Official Disability Guidelines unless certain criteria are met with specific diagnoses. The provider did not provide any objective evidence to support the use of ESWT for the diagnosed bilateral wrist pain that was demonstrated on the physical examination as only tenderness to palpation. There is no provided objective evidence that the use of ESWT for the symptoms related to the objective findings documented for this patient is medically necessary or leads to functional improvement. There is no demonstrated medical necessity for ESWT to the bilateral wrists for this patient. The CA MTUS is silent on the use of ESWT. The Official Disability Guidelines only recommend the use of ESWT to the shoulder, elbow, and knee under certain clinical situations directed to the treatment of a calcific tendonitis or a prepatellar bursitis. It is not clear that the requesting provider has demonstrated a failure of conservative care and the decision to proceed with the requested treatment against the recommendations of the currently accepted guidelines is not demonstrated to be medically necessary. The use of conservative treatment must be performed for at least 6 months with documentation of treatment failure. There is no demonstrated medical necessity for the performed ESWT to the bilateral wrists.