

Case Number:	CM14-0007730		
Date Assigned:	02/07/2014	Date of Injury:	04/27/2008
Decision Date:	06/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 62 year old with an injury date on 4/27/08. Based on the 10/10/13 progress report provided by [REDACTED] the diagnoses are: 1. right shoulder internal derangement 2. bilateral carpal tunnel syndrome 3. depression 4. stress Exam on 10/10/13 showed "Right shoulder range of motion: forward flexion 150; extension 20; abduction 130; adduction 35; internal rotation 60; external rotation 60. Bilateral wrist range of motion: flexion 50 right, 45 left; extension 50; radial deviation 20; ulnar deviation 20. Bilateral upper extremities C7-8." [REDACTED] is requesting extracorporeal shockwave lithotripsy to right shoulder and bilateral wrists (no quantity provided). The utilization review determination being challenged is dated 12/23/13. [REDACTED] is the requesting provider, and he provided treatment reports from 9/12/13 to 10/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY TO RIGHT SHOULDER AND BILATERAL WRISTS (NO QUANTITY PROVIDED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, ESWT:

Decision rationale: This patient presents with constant right shoulder pain rated 8/10, constant bilateral wrist/hand pain with numbness and tingling rated 8/10. The treater has asked extracorporeal shockwave lithotripsy to right shoulder and bilateral wrists (no quantity provided) on 10/10/13 "to stimulate healing of chronic pain and myofascial pain syndrome of right shoulder and bilateral wrists." Regarding shockwave therapy for the shoulder, ACOEM recommends for calcifying tendinitis but not for other shoulder disorders with a maximum of 3 therapy sessions over 3 weeks. ACOEM and ODG are silent regarding ESWT for wrist pain. AETNA Policy Bulletin does not recommend ESWT treatments to be effective in addressing Dequervain's or wrist/hand pain. The treater has asked for unspecified sessions of extracorporeal shockwave therapy but patient does not exhibit symptoms of calcifying tendinitis. Furthermore, ESWT for wrist pain is not indicated for patient's condition by current guidelines. Recommendation is for denial.