

Case Number:	CM14-0008531		
Date Assigned:	02/12/2014	Date of Injury:	02/02/2004
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery 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 65-year-old female assembler reported industrial injuries involving the right thumb, low back and right hip, with date of injury 2/2/04. She is status post left thumb A-1 pulley release in 2004, left carpal tunnel release and excision of left palmar nodule in 2005, and right carpal tunnel release and right cubital tunnel release on 12/9/10. The 11/19/13 orthopedic hand consult report cited subjective complaints of right elbow pain, bilateral hand weakness and pain, and numbness in her long finger. Right elbow exam documented full range of motion, some pain over the medial epicondyle, and pain upon resisted wrist flexion. Bilateral hand exam documented ability to make a full fist, first dorsal compartment pain bilaterally, positive pain with ulnar deviation of the wrist bilaterally, positive pain with resisted thumb exercise bilaterally, positive Finkelstein's bilaterally, and no gross tenderness over the tendons in either hand. X-rays showed some mild osteoarthritic changes of the radial carpal joint, right greater than left. Right elbow x-rays were benign. The diagnosis was right elbow pain status post cubital tunnel release, possible medial epicondylitis, bilateral deQuervain's tendonitis, and bilateral hand weakness status post carpal tunnel releases. The treatment plan recommended an MRI of the right elbow and cortisone injections to the bilateral first dorsal compartments. Records indicated that the patient received 12 chiropractic visits and bilateral cortisone injections in November/December 2013. The 1/16/14 utilization review denied the 12/19/13 request for extracorporeal shockwave therapy as there was no clear reason for the request and shockwave is unproven as an effective treatment alternative and not supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY FOR BILATERAL WRIST/THUMB:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow Updated (5/7/13), Extracorporeal Shockwave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ankle & Foot, Extracorporeal Shockwave Therapy (ESWT).

Decision rationale: Under consideration is a request for extracorporeal shockwave therapy (ESWT) to the bilateral wrists/hands. The California MTUS is silent regarding extracorporeal shockwave therapy for wrist or thumb complaints, but strongly recommends against ESWT for patients with lateral epicondylitis. The Official Disability Guidelines do not address the use of shockwave therapy for wrist or thumb conditions, but provide guidance relative to the shoulder and feet. ESWT is only recommended for a diagnosis of calcifying tendonitis or plantar fasciitis. The Official Disability Guidelines provide contraindications to ESWT that include patients who had physical or occupational therapy within the past 4 weeks, patients who received a local steroid injection in the past 6 weeks, patients with bilateral pain, or patients who had previous surgery for the condition. Guideline criteria have not been met. Records documented that the patient has bilateral pain, received chiropractic treatment within the prior month, received cortisone injections within the past 6 weeks, and was status post carpal tunnel releases and left thumb surgery. Given these facts, extracorporeal shockwave therapy would be considered contraindicated. Therefore, this request for extracorporeal shockwave therapy to the bilateral wrists/hands is not medically necessary.