

Case Number:	CM14-0009787		
Date Assigned:	02/21/2014	Date of Injury:	06/18/2011
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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 & Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of June 18, 2011. A utilization review determination dated January 2, 2014 recommends noncertification of shockwave therapy with med source diagnostics for the right wrist X4. An MRI of the right thumb dated January 23, 2013 identifies significant degenerative changes of the 1st metacarpophalangeal joint with subluxation. A progress report dated December 20, 2013 identifies subjective complaints including constant moderate to severe dull achy wrist pain. Objective findings identify tenderness to palpation over the dorsal radial wrist and dorsal wrist. Diagnoses include right wrist tenosynovitis and right de Quervain's disease. The treatment plan recommends a consult with a hand specialist and shockwave therapy for the right wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY WITH MEDSOURCE DIAGNOSTIC FOR THE RIGHT WRIST X 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: Regarding the request for SHOCKWAVE THERAPY WITH MEDSOURCE DIAGNOSTIC FOR THE RIGHT WRIST X 4, Occupational Medicine Practice Guidelines state quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy. ODG states extracorporeal shockwave therapy is not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time. Guidelines do not support the use of ESWT in the treatment of wrist or hand diagnoses. As such, the currently requested SHOCKWAVE THERAPY WITH MEDSOURCE DIAGNOSTIC FOR THE RIGHT WRIST X 4 is not medically necessary.