

<b>Case Number:</b>	CM14-0104305		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 and is licensed to practice in Georgia. 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 33 year old female who sustained a cumulative/overuse injury on 09/13/2013. Prior treatment history has included physical therapy, splint, and six sessions of acupuncture with no relief in symptoms. Diagnostic studies performed included an EMG/NCV of the right upper extremity dated 10/04/2013 which revealed an entrapment neuropathy of the median nerve at the right wrist with mild slowing of the nerve conduction velocity. There was no evidence of entrapment of the radial nerve or ulnar nerves or motor radiculopathy in the right upper extremity. Evaluation by hand surgeon dated 10/23/2013 documented a positive Phalen's test. Diagnosis listed was right carpal tunnel syndrome. An injection of Decadron into the carpal tunnel was performed. Progress report dated 11/06/13 noted the patient felt "about the same", reporting the injection did not help. Progress report dated 03/17/2014 documented the patient to have complaints of ongoing pain in bilateral hands and wrists. She reported the pain radiated into her upper extremity, to her elbow and to her arm with activities. On exam, Tinel's and Phalen's signs were positive bilaterally, right greater than left. There was diffuse forearm tenderness to present without specific swelling. There was a mild decrease in sensation in the median distribution. Her wrist power was inhibited by forearm pain. There was mildly positive resisted extension of the wrist for pain at the lateral epicondyle. Elbow range of motion revealed flexion at 135 degrees bilaterally and extension to 180 degrees bilaterally. Forearm range of motion revealed supination at 85 degrees bilaterally; and pronation 75 degrees bilaterally. The patient was diagnosed with bilateral upper extremity overuse tendinopathy and carpal tunnel syndrome. A recommendation was made for extracorporeal shockwave therapy twice a week for 3 weeks to bilateral wrists as she has failed physical therapy and injections to the wrists [carpal tunnel] as well as acupuncture therapy. Prior utilization review dated 06/24/2014 states the request for Extracorporeal Shockwave Therapy, 2x3 for bilateral wrist was not recommended as

it could not be supported based on lack of peer reviewed literature to support its use in this patient's circumstances.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Extracorporeal Shockwave Therapy, 2x3 for bilateral wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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, 371, 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Shockwave Therapy; Shoulder, Extracorporeal shock wave therapy (ESWT) 2. Available at: <http://onlinelibrary.wiley.com/medlib-proxy.mercer.edu/doi/10.1002/14651858.CD003524.pub2/full> Accessed on October 1, 2014.

**Decision rationale:** The Official Disability Guidelines (ODG) addresses extracorporeal shockwave therapy (ESWT) in the context of calcific tendinosis of the shoulder noting it is not generally recommended. The ODG, in regards to the elbow, notes that high energy ESWT "is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended." It notes that trials in this area have yielded conflicting results, and that the "value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded." The appeal to the prior UR cites several articles which note positive results with ESWT for treatment of the elbow and shoulder. Despite these citations, the evidence for ESWT remains quite mixed, as noted by Dr. Buchbinder et al in the Cochrane Database Review cited above. Dr. Buchbinder and her colleagues, after reviewing nine placebo-controlled trials involving 1006 participants, found Platinum level evidence that "shock wave therapy provides little or no benefit in terms of pain and function in lateral elbow pain." The request for ESWT was for the wrist, and the medical documentation, including the appeal; do not provide medical evidence to support the use of ESWT for her wrist pain. Based on the ODG guidelines and recommendations and the medical documentation provided, the request for ESWT 2 x 3 for the bilateral wrists is not medically necessary.