

Case Number:	CM14-0105081		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2013
Decision Date:	09/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 is licensed to practice in Nevada. 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 injured worker is a 35-year-old individual was reportedly injured on May 10, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 22, 2014, indicated that there were ongoing complaints of wrist pain and neck pain. The diagnosis is noted as carpal tunnel syndrome, and a course of physical therapy was pending. The physical examination demonstrated positive tenderness over the cervical paraspinal musculature, a decrease in cervical spine range of motion, and a positive Tinel's test and positive Phalen's test at the right wrist. Diagnostic imaging studies were not reported. Previous treatment included medications and conservative care. A request was made for shockwave therapy and was not certified in the pre-authorization process on June 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy Session for Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Official Disability Guidelines (ODG): Low Back Chapter.

Decision rationale: The closest citation was noted in the low back chapter of the Official Disability Guidelines. This was not recommended for low back intervention. The only endorsement for this is for a shoulder diagnosis of a calcific tendinitis. Therefore, when noting that this diagnosis is not present, the medical necessity for this type of therapy for the cervical spine has not been established. The request for Extracorporeal Shockwave Therapy Session for Cervical Spine is not medically necessary.