

Case Number:	CM14-0010393		
Date Assigned:	03/07/2014	Date of Injury:	08/22/2013
Decision Date:	06/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/27/2014

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 Family Practice 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 injured worker is a 49 year old male who reported an injury to his right upper extremity. A clinical note dated 03/04/14 indicated the injured worker complaining of right wrist pain. Upon exam the injured worker was identified as having a positive Phalen sign at the right wrist. The injured worker also complained of numbness in hand and wrist. A clinical note dated 09/17/13 indicated the injured worker reporting repetitive lifting activities regarding related to his work. The injured worker stated he was frequently pushing and pulling up to 75 pounds and performing repetitive lifting of up to 55 pounds. The injured worker also complained of right elbow pain described as intermittent. The injured worker rated the pain as 6/10. The MRI of the right wrist dated 09/20/13 revealed mild to moderate fluid at the ulnar carpal and radio carpal joints. No TFCC tear was identified. No ganglion cyst formation was revealed. Utilization review dated 12/17/13 resulted in a denial for extracorporeal shockwave therapy for the right elbow and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY 1X3 FOR RIGHT WRIST AND 1X3 RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines/Integrated Treatment Index, 11th Edition, (web), 2013, Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 598.

Decision rationale: The clinical documentation indicates the injured worker complaining of right wrist and elbow pain. No high quality studies currently have been published in peer reviewed literature supporting the use of extracorporeal shockwave therapy at the wrist. Quality studies are available on extracorporeal shockwave therapy at the elbow at the acute, subacute, and chronic lateral epicondylalgia with some benefits. However, no information was submitted in the clinical documentation confirming findings consistent with lateral epicondylitis. Given this, the request is not indicated as medically necessary.