

Case Number:	CM14-0011695		
Date Assigned:	02/21/2014	Date of Injury:	09/15/2010
Decision Date:	07/03/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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 California and Minnesota. 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 30-year-old female with an injury reported on 09/15/2010. The mechanism of injury was not provided within the recent clinical notes. The clinical note dated 03/28/2014 reported that the injured worker complained of constant moderate dull, aching pain to her right elbow. The physical examination revealed the range of motion to right wrist demonstrated dorsiflexion to 60 degrees, palmar flexion to 60 degrees, radial deviation to 20 degrees, and ulnar deviation to 30 degrees. It was noted that the injured worker had a positive Phalen's and Finkelstein's test to the right wrist. The injured worker's prescribed medication was not provided in recent clinical documentation. The injured worker's diagnoses included right shoulder sprain/strain, right carpal tunnel syndrome, right de Quervain's disease, and right wrist sprain/strain. The provider requested six shockwave therapy treatments therapy on the right wrist and unknown acupuncture therapy sessions. The rationales were not provided within clinical documentation. The Request for Authorization was submitted on 01/24/2014. The injured worker's prior treatments included acupuncture, which the injured worker indicated mild pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR SIX (6) SHOCKWAVE THERAPY TREATMENTS THERAPY ON THE RIGHT WRIST, BETWEEN 1/17/2014 AND 3/6/2014: 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), Shoulder (acute & chronic), Criteria for the use of Extracorporeal shock wave 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, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The prospective request for 6 shockwave therapy treatments therapy on the right wrist is non-certified. The injured worker complained of constant moderate dull, aching pain to her right elbow. The provider's rationale for the shockwave therapy to the right wrist was not provided in the clinical documentation. The Official Disability Guidelines (ODG) recommends extracorporeal shock wave therapy (ESWT) for calcifying tendinitis. The criteria for the use of ESWT include a maximum of 3 therapy sessions over 3 weeks. The guidelines recommend at least three conservative treatments have been performed prior to extracorporeal shockwave therapy. There is a lack of clinical information indicating the injured worker had physical therapy, home exercise, and/or non-steroidal anti-inflammatory drugs (NSAIDs) with unresolved pain. There is a lack of clinical information indicating the injured worker had calcifying tendonitis. Furthermore, the guidelines do not indicate the utilization of ESWT on the wrist. Thus, the request is non-certified.

PROSPECTIVE REQUEST FOR UNKNOWN ACUPUNCTURE THERAPY SESSIONS, BETWEEN 1/17/2014 AND 3/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prospective request for unknown acupuncture therapy sessions is non-certified. The injured worker complained of constant moderate aching pain to her right elbow. The provider's rationale for acupuncture therapy was not provided in the clinical documentation. The CA MTUS guidelines recognize acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. It was noted that the injured worker had mild pain relief with acupuncture therapy of the right wrist. There is a lack of clinical information provided documenting the efficacy of previous acupuncture as evidenced by moderately decreased pain and significant objective functional improvements. The injured worker's prescribed medication list was not provided in the clinical documentation. There is a lack of clinical evidence indicating the injured worker had a reduction in medication as a result of the acupuncture. Furthermore, the requesting provider did not specify the frequency, duration, quantity, and location of the acupuncture being requested. Therefore, the request is non-certified.

