Case Number:	CM14-0012362		
Date Assigned:	02/21/2014	**Date of Injury:**	05/02/2012
Decision Date:	08/04/2014	**UR Denial Date:**	01/16/2014
Priority:	Standard	**Application Received:**	01/30/2014

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 Occupational 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:

The patient is a 56-year-old female who has submitted a claim for Bilateral Elbow Pain Status Post Bilateral Fracture of the Upper Extremities associated with an industrial injury date of May 2, 2012.Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of bilateral elbow pain, left greater than the right. She also had bilateral numbness and tingling of all fingertips and mild bilateral wrist pain. On physical examination, there was tenderness of the olecranon area of the right elbow and the medial epicondyles of both elbows. MRI of the right wrist dated September 16, 2013 revealed a probable ganglion cyst along the dorsal aspect of the scaphoid and capitate bones; an osseous structure along the volar aspect of the trapezium bone, questionable loose body; degenerative changes of carpal bones; osteophytes and cystic changes identified; and no definitive abnormalities of the median or ulnar nerve. MRI of the left wrist dated October 2, 2013 revealed multifocal small cystic foci within multiple carpal bones; small effusions within the intercarpal joints and within the radiocarpal joint and distal radioulnar joint; mild synovitis was not excluded; and two osseous structures adjacent to the flexor carpi radialis tendon.Treatment to date has included medications, right endoscopic carpal tunnel release and cubital tunnel release, physical therapy, right elbow surgery, left elbow cortisone injection, extracorporeal shockwave therapy to the left elbow, wrist brace, and tennis elbow brace.Utilization review from January 16, 2014 denied the request for shockwave therapy bilateral wrist because a recent clinical and functional assessment of the patient from the requesting provider was not included in the submitted reports and as per cited criteria, the requested service is considered experimental and investigational with insufficient evidence of its effectiveness for musculoskeletal conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY BILATERAL WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Extracorporeal Shock-wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries. Retrieved from: http://www.aetna.com/cpb/medical/data/600_699/0649.html.

Decision rationale: Aetna considers ESWT experimental and investigational because there is insufficient evidence of effectiveness of ESWT for musculoskeletal indications. In this case, there was no discussion regarding the indication for ESWT for the wrists despite being regarded as experimental and investigational by guidelines. Therefore, the request for shockwave therapy bilateral wrist is not medically necessary and appropriate.