

Case Number:	CM14-0015506		
Date Assigned:	06/20/2014	Date of Injury:	09/23/2011
Decision Date:	08/04/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/06/2014

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 California and Washington. 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 46-year-old male who reported an injury on 09/23/2011. The injured worker's mechanism of injury was noted to be his arm getting struck by a cart. The injured worker's prior treatments were noted to be transcutaneous electrical nerve stimulation, chiropractic care, medications, physical therapy, and extracorporeal shockwave therapy. Diagnoses were noted to be left shoulder impingement syndrome, left shoulder tenosynovitis, left elbow lateral epicondylitis, bilateral wrist internal derangement, right ankle tenosynovitis, right foot pain, anxiety disorder, mood disorder, and sleep disorder. The injured worker had a clinical evaluation on 08/06/2013. There was complaints of pain in the left shoulder rated 6/10. He complained of pain in the left elbow rated 5/10. The injured worker complained of pain in both wrists rated a 7/10. There was pain noted in his right foot and ankle area rated a 6/10. The injured worker stated although symptoms persist, medications did offer him temporary relief of pain. He denied any problems with the medications. The physical examination findings included tenderness to palpation to the subacromial space and the AC joint of the left shoulder. There was tenderness to palpation over the lateral and medial epicondyle of the left elbow. There was tenderness to palpation at the carpal bones over the carpal tunnel. No tenderness was elicited over the 1st dorsal muscle compartment or over the tunnel of Guyon. There was tenderness to palpation over the medial and lateral malleolus. Palpable tenderness was noted over the dorsum of the foot. The treatment plan included medications and a toxicological evaluation. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for Medical Treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT bilateral wrists, left elbow, left shoulder, right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Official Disability Guidelines state extracorporeal shockwave therapy is not recommended for shoulder impingement syndrome or shoulder tenosynovitis, it is not recommended for elbow lateral epicondylitis, wrist internal derangement, or right foot pain. In addition to only specific diagnosis meeting criteria, according to the guidelines, at least 3 conservative treatments have to be performed prior to use of extracorporeal shockwave therapy. These would include: rest; ice; NSAIDs; orthotics; physical therapy; and injections. The shockwave therapy is contraindicated in pregnant women and patients under the age of 18. The Official Disability Guidelines allow for a maximum of 3 therapy sessions over 3 weeks. The injured worker has had at least 5 sessions according to the documentation provided for review. Therefore, the request for ESWT bilateral wrists, left elbow, left shoulder, right foot is not medically necessary and appropriate.