

<b>Case Number:</b>	CM14-0017293		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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 claimant is a 28-year-old female injured worker with date of injury 3/4/13 with related right wrist pain. Per progress report dated 1/20/14, the injured worker complained of constant right wrist pain rated 8/10 with radiation to the upper extremity down to her thumb and index finger with associated numbness, tingling, and weakness. She also complained of intermittent left wrist and hand pain rated 6/10. Physical exam revealed Finkelstein's test was positive. There was tenderness over the first dorsal compartment and lunate. She had a component of tenosynovitis as well. Electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremities dated 5/8/13 was unremarkable. Magnetic resonance imaging (MRI) of the right wrist dated 6/5/13 revealed avascular necrosis in the ulnar articular surface of the lunate. Plain radiographs dated 6/17/13 revealed positive ulnar variance (associated with triangular fibrocartilage complex). Treatment to date has included wrist bracing, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, home exercise program, and medication management. The date of UR decision was 2/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 SHOCKWAVE THERAPY SESSIONS FOR THE RIGHT WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Elbow Chapter, Extracorporeal Shockwave Therapy.

**Decision rationale:** The MTUS is silent on the use of extracorporeal shockwave therapy (ESWT). With regard to ESWT, the Official Disability Guidelines- Treatment in Workers' Compensation (ODG-TWC) states: Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. As the requested treatment is not recommended by the guidelines, it is not medically necessary.