

<b>Case Number:</b>	CM14-0118319		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 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:

This is a 46 year old female with a 2/5/13 date of injury. A mechanism of injury is not provided. In a follow-up on 6/2/14, subjective complaints were left wrist pain along the radial side with associated tingling in the 2nd and 3rd fingers. Objective findings included a palpable cyst over the dorsoradial wrist, relatively preserved range of motion, and no motor or sensory deficits. A 6/25/13 EMG of the upper extremities was normal. A 3/4/13 MRI showed a large ganglion that extends circumferentially from the third extensor compartment around the volar aspect of the flexor retinaculum radial side. Diagnostic impression: left wrist ganglion cyst with diffuse non-specific arthralgia. Treatment to date: medications, physical therapy, splinting, injections, extracorporeal shockwave treatment (ESWT), acupuncture. A UR decision on 7/21/14 denied the request for left wrist extracorporeal shockwave therapy, however, the rationale is not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy left wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

**Decision rationale:** Although there are no specific guidelines for ESWT in the treatment of wrist disorders, they do exist for the treatment of elbow disorders. The ACOEM Guidelines states that quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a strong recommendation against using extracorporeal shockwave therapy. The requesting provider failed to establish circumstances that would warrant ESWT despite strong adverse evidence. Therefore, the request is not medically necessary and appropriate.