

Case Number:	CM14-0121793		
Date Assigned:	09/16/2014	Date of Injury:	01/11/2013
Decision Date:	11/04/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/01/2014

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, has a subspecialty in Interventional Spine, 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 36-year-old male with an injury date of 01/11/3. The 06/02/14 progress report by [REDACTED] states that the patient presents with neck pain and tightness in the upper arm trapezius as well as frequent moderate hand and wrist pain. Examination shows tenderness in the cervical spine with trigger points left greater than right in the upper trapezius. On 06/30/14, the patient's diagnoses include Sprain/strain wrist Carpal tunnel syndrome wrist (median nerve) Epicondylitis elbow lateral. The utilization review being challenged is dated 07/07/14. Reports were provided from 01/13/14 to 06/30/14. Sprain/strain wrist Carpal tunnel syndrome wrist (median nerve) Epicondylitis elbow lateral. The utilization review being challenged is dated 07/07/14. Reports were provided from 01/13/14 to 06/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy, Both Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient presents with neck pain and tightness in the upper arm trapezius along with frequent moderate hand and wrist pain. The treater requests for Extracorporeal Shockwave Therapy both wrists. Extracorporeal shockwave treatment is a shock treatment indicated for such conditions as calcific tendinitis of shoulder, epicondylitis, and plantar fasciitis per ODG guidelines. ODG guidelines do not discuss this treatment for the wrists. Given the lack of guidelines support for this treatment for wrists, recommendation is for denial.