

Case Number:	CM14-0159828		
Date Assigned:	10/03/2014	Date of Injury:	05/04/2012
Decision Date:	10/30/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 Pain Management 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 injured worker is a 50 year old female with a reported history of industrial injury on May 04, 2012 and August 07, 2013. The submitted clinical notes indicate that the injured worker reported onset of neck pain, bilateral shoulder pain, thoracic spine pain, low back pain, and bilateral wrist pain, due to repetitive trauma. For the purpose of this review, only the wrist complaints will be addressed. The listed diagnoses for the wrists are bilateral wrist pain, rule out carpal tunnel syndrome. The reported treatment to date has consisted of oral and topical analgesics, physical therapy and acupuncture. According to the most recent progress report dated August 25, 2014, the claimant presented for follow-up and reported persistent bilateral wrist pain with associated muscle spasm, weakness, numbness, tingling and radiation of pain to the hands and fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY 1X6 RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed.gov <http://www.ncbi.nlm.nih.gov/pubmed>

Decision rationale: The American College of Occupational and Environmental Medicine guidelines, the Official Disability Guidelines and the Medical Treatment Utilization Schedule are silent in regard to this request and in fact both ACOEM and ODG only mention ESWT in relation to the elbow/shoulder but not the wrist. Therefore, a medical literature search has been in an effort to find peer reviewed medical literature to support the requested therapy for wrist pain and/or carpal tunnel syndrome. However, high quality medical literature supporting the use of shockwave therapy for wrist pain or carpal tunnel syndrome was not found. As such, medical necessity for this request has not been established.