

Case Number:	CM14-0174604		
Date Assigned:	10/27/2014	Date of Injury:	01/01/2013
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/21/2014

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 39-year-old male with an injury date of 01/01/13. based on the 05/17/14 progress report provided by [REDACTED] the patient complains of right upper extremity pain rated 8/10 with weakness in his right hand. Physical examination of the right wrist revealed tenderness with radial deviation. Range of motion was decreased on ulnar and radial deviation 10 degrees. Patient had history of carpal tunnel syndrome but did not have surgery. Per progress report dated 06/19/14 by [REDACTED] the patient had extensive conservative care to the right wrist including medications, physical and manipulating treatment, injections, and still with significant residual symptoms. He had 2 extracorporeal shockwave treatments to date. Diagnosis 05/17/14- headaches- depression and anxiety- difficulty in hand coordination- neck pain- upper back pain- low back pain- right upper extremity pain with numbness, tingling and weakness in the arms and hands- right lower extremity pain with numbness, tingling and weakness in the legs and feet. [REDACTED] is requesting Extracorp Shockwave tx hi enrg. The utilization review determination being challenged is dated 09/25/14. [REDACTED] is the requesting provider and he provided frequent reports from 02/07/14-06/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave treatment- high energy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Extracorporeal shock wave therapy (ESWT)

Decision rationale: 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 not medically necessary.