

Case Number:	CM14-0020600		
Date Assigned:	04/30/2014	Date of Injury:	07/23/2013
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 & Rehabilitation and Pain Management 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 32 year-old female with a 7/23/13 date of injury. She has been diagnosed with left shoulder sprain/strain, r/o internal derangement; bilateral wrist sprain, r/o internal derangement/CTS; and bilateral hand sprain, r/o internal derangement/overuse syndrome. According to the 8/7/13 occupational medicine report from [REDACTED] the patient has cumulative trauma injuries to her left shoulder/arm and both hands/wrists. On 11/15/13, there is a referral for ESWT, but no corresponding medical report. On 2/13/14 UR reviewed [REDACTED] 8/7/13 report and a 12/24/13 bill for shockwave therapy and recommended retrospective denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 12/24/13) FOR EXTRACORPOREAL SHOCKWAVE THERAPY FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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: Aetna Clinical Policy Bulletin: Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries Number: 0649 Policy Aetna considers extracorporeal shock-wave thera.

Decision rationale: According to the 8/7/13 occupational medicine report from [REDACTED], the

patient has cumulative trauma injuries to her left shoulder/arm and both hands/wrists. I have been asked to review for extracorporeal shockwave therapy (ESWT) for the right wrist. MTUS/ACOEM guidelines discuss ESWT for the shoulder and ankle, but not the wrist. ODG guidelines did not discuss ESWT for the wrist. Aetna guidelines were consulted. Aetna provides a list of conditions where ESWT is considered experimental or investigational. The last item on the list is "Other musculoskeletal indications" The patient was reported to have a musculoskeletal injury to the right wrist. The request of (Extracorporeal Shockwave Therapy) ESWT for the right wrist, received on 12/24/2013 is not medically necessary and appropriate in accordance with above guidelines.