

Case Number:	CM14-0023033		
Date Assigned:	05/14/2014	Date of Injury:	12/31/2011
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of December 31, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; and topical compounded drugs. In a Utilization Review Report dated February 12, 2014, the claims administrator denied a request for extracorporeal shockwave therapy to the forearm, elbow, and wrist. Despite the fact that the MTUS Guideline in ACOEM Chapter 10 addresses the topic, the claims administrator nevertheless cited non-MTUS ODG Guidelines in its denial, incorrectly stating that the MTUS does not address the topic. The applicant's attorney subsequently appealed. In a December 2, 2013 progress note, the applicant was described as using Norco, Naprosyn, Prilosec, and several topical compounded drugs. The overall narrative, rationale and commentary provided were sparse. In a medical-legal evaluation of September 9, 2013, it was acknowledged that the applicant was not working. Extracorporeal shockwave therapy was apparently endorsed through earlier progress notes of October and November 2013. The applicant received extracorporeal shockwave therapy through a procedure note of September 25, 2013, for the left hand for carpal-metacarpal joint arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

**EXTRACORPAOREAL SHOCK WAVE THERAPY (ESWT) FOR DATE OF SERVICE
10/23/2013: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 123, Ultrasound, Therapeutic topic.2. ACOEM Practice Guidelines, Chapter 10, page 29, Extracorporeal Shockwave Therapy section.3. MTUS 9792.20f.4. ACOEM Practice Guidelines, Third Edition, Extracorporeal Shockwave Therapy topic. Page(s): 123.

Decision rationale: While the MTUS does not specifically address the topic of extracorporeal shockwave therapy for the hand and thumb, the body parts for which it was administered here, the MTUS Guideline for a proximate body part, the elbow, in ACOEM Chapter 10, page 29 notes that extracorporeal shockwave therapy is "strongly recommended against." It is further noted that extracorporeal shockwave therapy is considered a form of a subset of ultrasound therapy. As noted on page 123 of MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound is "not recommended" in the treatment of chronic pain, as is present here. Finally, the Third Edition ACOEM Guidelines note that, for most body parts, that there is evidence that extracorporeal shockwave therapy is ineffective. In this case, the attending provider has failed to furnish any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM and MTUS recommendations. It is further noted that the applicant appears to have had extracorporeal shockwave therapy, despite unfavorable ACOEM and MTUS recommendations. The applicant has failed to respond favorably to the same. The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various analgesic medications and topical compounds. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite administration of multiple sessions of extracorporeal shockwave therapy. Therefore, the request was not medically necessary.