

Case Number:	CM14-0023406		
Date Assigned:	05/12/2014	Date of Injury:	08/02/2013
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
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 Internal Medicine has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 47 year-old with a date of injury of 08/02/13. A progress report associated with the request for services, dated 01/27/14, identified subjective complaints of right hand pain radiating into the elbow. Objective findings included a scar on the right hand and severe tenderness to palpation over the lateral aspect of the elbow. Diagnoses included post traumatic neuroma of the right hand versus tendon adhesion and lateral epicondylitis. Treatment has included evacuation of a hematoma over the right hand. A Utilization Review determination was rendered on 02/13/14 recommending non-certification of "extracorporeal shockwave therapy (ESWT)/ low energy extracorporeal s-wave treatment x5".

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT)/ LOW ENERGY EXTRACORPOREAL S-WAVE TREATMENT X5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: Neither the Medical Treatment Utilization Schedule (MTUS) nor the Official Disability Guidelines (ODG) addresses extracorporeal shock wave therapy (ESWT) of the wrist and hand. They do note that there is limited evidence as to the efficacy in other areas such as plantar fasciitis. Therefore, there is insufficient evidence in the Guidelines for the medical necessity of extracorporeal shock wave therapy. The request is not medically necessary.