

<b>Case Number:</b>	CM14-0026795		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/04/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 56 year old female with a date of injury on 10/4/2011. Patient has been treated for ongoing symptoms related to her wrists and left shoulder. Subjective complaints are of left shoulder pain radiating to the neck and pain in both wrists. Physical exam shows tenderness over acromioclavicular joint, anterior labrum, supraspinatus, infraspinatus, acromion and left trapezius. Impingement signs were positive. There was mild tenderness over both wrists, with a positive Watson scaphoid shift test. There was decreased sensation and motor function in the bilateral upper extremities at C5 to T1 dermatomes. Submitted plan was for bilateral wrist braces and extracorporeal shockwave therapy (ESWT).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SHOCKWAVE THERAPY TREATMENTS, ONCE A WEEK FOR THREE WEEKS ON THE BILATERAL WRISTS QTY: 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Elbow, Shoulder, Foot, ESWT.

**Decision rationale:** ACOEM guidelines suggest that extracorporeal shockwave therapy (ESWT) may be used for lateral epicondylitis. ODG recommends ESWT for patients whose pain is from calcifying tendinitis of the shoulder, plantar fasciitis, Achilles tendinopathy, patellar tendinopathy, and long-bone non-union. Neither guideline suggests an indication for ESWT for the wrist. The patient does not have any of the above diagnoses. Therefore, the request for shockwave therapy treatments once a week for three weeks on the bilateral wrists is not medically necessary.