

Case Number:	CM14-0031165		
Date Assigned:	04/09/2014	Date of Injury:	01/06/2009
Decision Date:	05/13/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, Pain 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:

The patient reported a date of injury of 01/01/2008. The mode of injury was not provided. The documentation provided is a re-examination from 12/05/2012 that is an impairment rating report. The documentation noted that the shoulder condition has remained the same. The injured worker stated the right wrist condition has improved a little since surgery of 08/2012 and is still recovering from surgery. The injured worker also noted that left wrist has improved a little and continues with numbness and some sharp pain at surgical site of right wrist. There is still numbness and sharp pain around the left wrist, which is present most of the time. The injured worker notes aggravation from this condition when gripping, grasping, and squeezing. Current medications are naproxen 550 mg 2 tablets daily, Omeprazole 20 mg 2 tablets daily, Tizanidine 4 mg 4 tablets per week, Gabapentin 100 mg 3 tablets daily, Atenolol 50 mg 1 tablet daily, and Synthroid 88 mcg 1 tablet daily. The injured worker states she also uses the Medrox patch 1 patch every 12 hours. The injured worker has had physical therapy for 1 - 2 weeks, effectiveness not documented. On examination of shoulders, there was tenderness on palpation on the right anterior acromion and left lateral acromion. Active range of motion flexion was 125 degrees bilaterally and abduction was 120 degrees bilaterally. External rotation cuff strength test revealed good strength bilaterally, no crepitation with abduction bilaterally, negative impingement test bilaterally, and no gross instability noted anteriorly, posteriorly, or inferior of the bilateral shoulders. On examination of the wrist, there was diffuse palpable tenderness at the right wrist and palpable tenderness at the volar left wrist. The Phalen's, and Finkelstein's tests were negative bilaterally. The request is for extracorporeal shockwave therapy of the bilateral shoulders and bilateral wrist. The date and rationale were not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY OF THE BILATERAL SHOULDERS AND BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The request is non-certified. The documentation provided for review was from 12/05/2012, which noted the injured worker has had bilateral carpal tunnel release and continues to have some numbness and sharp pain at the surgical site on the left wrist. The injured worker stated that bilateral shoulders have remained the same since the last visit. There was palpable tenderness at the right anterior acromion and left lateral acromion. Range of motion flexion bilaterally was 125 degrees and abduction 120 degrees. Per California MTUS/ACOEM physical modalities such as massage, diathermy, cutaneous laser treatment, and ultrasound treatment are not supported by high quality medical studies. The CAMTUS supports manual physical therapy, ultrasound, and high energy intracorporeal shockwave therapy for calcifying tendinosis of the shoulder. There was a lack of current documentation with objective findings to support the request for extracorporeal shockwave therapy. The CA MTUS/ACOEM does not recommend the requested extracorporeal shockwave therapy for the patient's current diagnosis. The frequency and duration of the treatment was not provided in the request as submitted to determine necessity. Therefore, the request is non-certified.