

Case Number:	CM14-0031856		
Date Assigned:	04/09/2014	Date of Injury:	08/05/2009
Decision Date:	05/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/04/2014

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 is licensed to practice in Illinois. 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 injured worker is a 42-year-old male who reported an injury on August 05, 2009. The mechanism of injury was not stated. Current diagnoses include a wrist strain, post-traumatic stress disorder (PTSD) and cervicobrachial neuritis. The injured worker was evaluated on December 04, 2013. The injured worker reported constant pain in the bilateral upper extremities. Physical examination of the cervical spine revealed limited range of motion with tenderness to palpation. Treatment recommendations at that time included acupuncture and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) SESSIONS OF ORTHO SHOCKWAVE THERAPY FOR THE BILATERAL WRISTS AND CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shock wave therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266; 173.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that physical modalities have no proven efficacy in treating acute hand, wrist or forearm symptoms. There is also no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities for the treatment of the cervical spine. There was no documentation of a comprehensive physical examination of the bilateral wrists. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. There are no guideline recommendations to support the use of shockwave therapy for the bilateral wrists and the cervical spine. The medical necessity has not been established. Therefore, the request is non-certified.