

Case Number:	CM14-0034258		
Date Assigned:	06/20/2014	Date of Injury:	10/16/2012
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

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 and Rehabilitation, and is licensed to practice in Georgia and Wisconsin. 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 is a 53 year old female who was injured on 10/16/2012. The mechanism of injury is unknown. SOAP note dated 02/18/2014 states the patient complained of cervical spine pain. She is tender over the paravertebral muscles. She has pain with range of motion. Progress notes dated 01/2014 states the patient complained of cervical spine pain. She was to start 12 sessions of chiropractic therapy. She complained of pain, numbness, tingling, and weakness of bilateral wrists. She was diagnosed with cervical spine sprain/strain of bilateral upper extremities, bilateral carpal tunnel syndrome, bilateral medial and lateral epicondylitis, and bilateral DeQuervain's syndrome. It was recommended the patient be treated conservatively with chiropractic therapy. Prior utilization review dated 02/25/2014 states the requests for High And Low ExtraCorporeal Shockwave Treatments Five Times Bilateral Elbows and High And Low ExtraCorporeal Shockwave Treatments Five Times Bilateral Wrists are not authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

High And Low ExtraCorporeal Shockwave Treatments Five Times Bilateral Elbows:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235.

Decision rationale: MTUS does not specifically address the topic of extracorporeal shockwave therapy for the hands; however, the MTUS does discuss the topic of extracorporeal shockwave therapy for a proximate body part, the elbow. The ACOEM guidelines for the elbow, extracorporeal shockwave therapy is strongly not recommended. Based on the ACOEM criteria as well as absence of quality controlled studies supporting the use of extracorporeal shockwave therapy, the request is not medically necessary.

High And Low ExtraCorporeal Shockwave Treatments Five Times Bilateral Wrists:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235.

Decision rationale: MTUS does not specifically address the topic of extracorporeal shockwave therapy for the hands; however, the MTUS does discuss the topic of extracorporeal shockwave therapy for a proximate body part, the elbow. The ACOEM guidelines for the elbow, extracorporeal shockwave therapy is strongly not recommended. Based on the ACOEM criteria as well as absence of quality controlled studies supporting the use of extracorporeal shockwave therapy, the request is not medically necessary.