MAXIMUS Federal Services

Case Number:	CM14-0038585		
Date Assigned:	04/04/2014	Date of Injury:	12/17/2012
Decision Date:	05/27/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/10/2014

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 California. 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 23-year-old female who reported an injury on 12/17/2012. The injury reportedly occurred when the injured worker attempted to catch a child from falling from a sofa. The injured worker's diagnoses include cervical sprain/strain, thoracic sprain/strain, lumbosacral spine discogenic disease, lumbar radiculitis, abdominal wall strain, bilateral shoulder strain/sprain, bilateral wrist sprain/strain, depression, and sleep disturbance. On 09/12/2013, the injured worker complained of neck pain, bilateral arm, wrist, and hand pain, and problems sleeping. On examination, there was tenderness to palpation to the lumbar spine, spasm and trigger points over the bilateral paraspinal muscles with decreased range of motion, positive straight leg raise, decreased sensation to light touch and pinprick in the right anterolateral of the leg, tenderness to palpation to rotator cuff muscles, or with decreased range of motion, bilateral wrist tenderness to palpation. Recommendation for the injured worker was medication prescription, elastic lumbosacral brace, interferential unit, and hot and cold packs. Also, a recommendation and prescription for physical therapy evaluation and treatment for the cervical, thoracic, lumbosacral spine, bilateral shoulders and bilateral wrists 3 times a week for 4 weeks was made. There also was a recommendation for an MRI of the cervical spine, EMG/NCV of the bilateral lower extremities, and consultation with a psychologist and general surgeon, and a recommendation for a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: SHOCKWAVE THERAPY FOR THE RIGHT WRIST WITH A DATE OF SERVICE OF 08/16/2013: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Extracorporeal Shockwave Therapy Section.

Decision rationale: According to the Official Disability Guidelines (ODG), neither low energy nor high energy extracorporeal shockwave therapy is recommended. In summary, there was a lack of information regarding the patient's clinical findings prior to and at the time the therapy was provided to determine efficacy as well as the guidelines do not support the requested therapy. Therefore, the request for retrospective shockwave therapy for the right wrist, date of service 08/16/2013 is not medically necessary or appropriate.