

Case Number:	CM14-0039036		
Date Assigned:	06/27/2014	Date of Injury:	06/24/2013
Decision Date:	08/13/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/03/2014

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 Geriatrics, and is licensed to practice in New York. 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 44 year old man with a date of injury of 6/24/13. He was seen by his primary treating physician on 2/3/14 with complaints of 8/10 pain from headaches radiating to the neck, 8-9/10 left wrist pain, and muscle spasms. His physical exam showed tenderness to palpation at the TFCC, distal radioulnar joint, and extensor carpi ulnaris muscle. He had tenderness at the carpal tunnel and first dorsal extensor muscle compartment and slightly decreased range of motion. His Tinel's, Phalen's and Finkelstein's signs were positive with slightly diminished sensation and 4/5 motor strength. His diagnoses included head contusion and concussion with post-concussional syndrome and cognitive disorder, left wrist effusion, bone cyst and contusion and left hand contusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) shockwave therapy sessions for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253.

Decision rationale: There is medium quality evidence to support extracorporeal shockwave therapy for calcifying tendonitis of the shoulder, but there is no evidence listed in the guidelines

to support shock wave therapy for a wrist injury or carpal tunnel syndrome. This injured worker has chronic left wrist pain, but the medical records do not substantiate medical necessity for extracorporeal shockwave therapy sessions. As such, the request is not medically necessary.