

Case Number:	CM14-0047151		
Date Assigned:	07/02/2014	Date of Injury:	06/15/2013
Decision Date:	08/01/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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, has a subspecialty in interventional spine 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 patient is a 56 year old with an injury date on 6/15/13. Based on the 2/10/14 progress report provided by [REDACTED] the diagnoses are: pain in limbs, neck pain, limb numbness, limb weakness, limb paresthasias. Exam on 2/10/14 showed tenderness to palpation in bilateral wrists, elbows, and shoulders. C-spine has normal range of motion and no tenderness to palpation to trapezius or cervical paraspinal muscles. [REDACTED] is requesting 3 sessions of shockwave therapy for the right elbow and bilateral wrists and 6 sessions of shockwave therapy for the cervical spine. The utilization review determination being challenged is dated 3/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/7/13 to 2/10/14 .

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Sessions of Shockwave Therapy for the Right Elbow and Bilateral Wrists: 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), Online Version, Elbow Chapter; Extracorporeal shockwave therapy (ESWT) Official Disability Guidelines (ODG), Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS ODG-TWCh, twc.com..

Decision rationale: This patient presents with burning neck pain radiating into her bilateral upper extremities with numbness/tingling/weakness and is carpal tunnel release surgery of unspecified date. The treater has asked for 3 sessions of shockwave therapy for the right elbow and bilateral wrists but the request for authorization was not included in provided reports. Regarding ESWT for the elbow, ODG states not recommend using high energy ESWT, but low energy ESWT is under study. ACOEM and ODG are silent regarding ESWT for wrist pain. Aetna Policy Bulletin does not recommend ESWT treatments to be effective in addressing wrist/hand pain. In this case, the treater has asked for 3 sessions of shockwave therapy for the right elbow and bilateral wrists which are not indicated per ODG and Aetna guidelines. The request is not medically necessary.

6 Sessions of Shockwave Therapy for the 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), Online Version, Elbow Chapter; Extracorporeal shockwave therapy (ESWT) Official Disability Guidelines (ODG), Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS ODG, Neck and Upper back Chapter Online for Electrotherapies.

Decision rationale: This patient presents with burning neck pain radiating into her bilateral upper extremities with numbness/tingling/weakness and is carpal tunnel release surgery of unspecified date. The treater has asked 6 sessions of shockwave therapy for the cervical spine, but the request for authorization was not included in provided reports. The ODG guideline for electrotherapies for the neck and upper back states not recommended. In this case, the treater has asked for 6 sessions of shockwave therapy for the cervical spine which is not indicated per ODG guidelines. The request is not medically necessary.