

Case Number:	CM14-0052540		
Date Assigned:	07/07/2014	Date of Injury:	04/22/2011
Decision Date:	09/09/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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 Neuromusculoskeletal medicine, and is licensed to practice in Arizona. 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 66-year-old female who sustained a work related injury on 04/22/11 because of feeling a sharp burning pain in her upper back while assisting to lift a 130-pound patient. Since her injury, she has had nearly continuous upper back, wrist and hand pain. The hand written PR-2's form late 2013 are difficult to decipher. What I am able to read is that the patient has a complaint of cervical and thoracic spine, bilateral shoulder and wrist pain that is 5-7/10 in intensity that is aggravated by the performance of activities of daily living. Her pain is reduced to 4/10 with use of her pain medication. Upon examination, there is a decreased range of motion because of pain and palpable cervical paraspinal and trapezius tenderness. Tenderness noted at the left shoulder, acromioclavicular joint and supraspinatus on the right and mild tenderness at the left infraspinatus. The patient has undergone right carpal tunnel release (7/6/2012) and left carpal tunnel release (10/24/2012) surgeries without complications, but reports residual pain. Imaging studies includes a cervical MRI dated May 1, 2013 with the finding of mild to moderate spondylosis from C3 to C7, C3-4, C4-5 and C6-7 2 to 3 mm posterior disc protrusion that intends and impinges upon the anterior thecal sac; at C5-6 there is a 5mm left intraforaminal disc herniation with a 3mm left posterior paracentral protrusion causing moderate left neural foraminal stenosis. A thoracic spine MRI dated Jan 14, 2014 did not find any remarkable abnormalities. Her past treatments have included analgesic medications, acupuncture, manipulative and injections therapies. In dispute is a decision for Retrospective Extracorporeal Shockwave Treatment (ECSWT) to the Left Wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Extracorporeal Shockwave Treatment (ECSWT) to the Left Wrist (DOS 02/18/14): 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): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), extracorporeal shockwave therapy (ESWT).

Decision rationale: This treatment modality, although studied for effectiveness in treating elbow epicondylitis, was found to be ineffective in treating the condition when compared to a simple stretch program and ineffective overall in the treatment of lateral epicondylitis. Other studies of this modality have found "when data was pooled, most benefits were not statistically significant." Since no medical documentation was provided beyond Feb 24, 2014 and I found no documentation of measurable improvement in functionality or pain reduction, at this time, it is not medically necessary.