

<b>Case Number:</b>	CM14-0059222		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Orthopedic Surgery 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:

This is a 32 year old female claimant with an industrial injury dated 09/13/13. An exam note 02/20/14 states patient returns with hand and wrist pain radiating to her upper extremity to the elbow and arm. The patient reports having to take breaks in-between activities. A physical exam demonstrated tenderness on the forearm but no swelling. The Tinel's and Phalen's test results were noted as positive with the right side greater than the left. Resisted extension of the wrist demonstrated a mild pain at the lateral epicondyle. Diagnosis is noted as bilateral upper extremity overuse tendinopathy and carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy 2xWk x 3Wk Bilateral Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Extracorporeal shockwave therapy (ESWT).

**Decision rationale:** The California MTUS ACOEM guidelines are silent on the issue of extracorporeal shockwave therapy (ESWT). The ODG chapters on Forearm, Wrist and Hand do

not address the request; therefore an alternative ODG Chapter was referenced. According to the ODG Elbow chapter, ESWT is indicated for recalcitrant lateral epicondylitis. In this case there is no indication for bilateral wrist ESWT as it is not supported by the guidelines. Therefore Extracorporeal Shockwave Therapy for the bilateral wrist is not medically necessary.