

Case Number:	CM14-0064929		
Date Assigned:	07/11/2014	Date of Injury:	03/04/2013
Decision Date:	08/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/08/2014

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 Texas. 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 29 year old female with a 3/4/2013 date of injury, involving the hand/wrists. Treatment has included physical therapy, acupuncture, topical creams, ESWT treatments. The 2/4/2014 EMG/NCS study of the bilateral upper extremities was normal. The AME report dated 2/10/2014 provided the diagnosis: 1. Ganglion cyst, bilateral wrists; 2. Rule/out CTS, bilateral wrists; 3. Rule/out avascular necrosis of right wrist. She is temporarily partially disabled. Recommendations were for probable aspiration of cysts and possible decompression of the carpal tunnel, as well as hand subspecialty consultation. According to the primary treating physician PR-2 report dated 2/17/2014, the patient complains of constant right wrist pain rated 8/10 and intermittent left wrist pain rated 6/10. Current medications include topical creams. Examination reveals positive Finkelstein's, tenderness over the first dorsal compartment and lunate. Reportedly she has a component of tenosynovitis as well. Diagnoses are bilateral CTS (clinical) and avascular necrosis of the right lunate. Topical compounds were dispensed. Recommendations include continued shockwave therapy of the right wrist. She remains on TTD status. An MRI of the right wrist, 2/19/2014, reveals 1. Moderate degenerative thinning of the radial aspect of the triangular fibrocartilage without evidence of tear. 2. 6x5x3 mm ganglion cyst, dorsal to the lunate and capitate and 6x5x3 mm ganglion cyst, volar to the radial aspect of the radiocarpal joint. 3. No evidence of avascular necrosis of the lunate or other significant osseous abnormality. According to the secondary Primary Treating Physician (PTP) progress report dated 4/2/2014, the patient complains of pain and numbness in the right wrist/hand, rated 7-8/10. Objective findings are grade 2 tenderness to palpation and restricted range of motion. She indicates acupuncture and extracorporeal therapy help decrease her tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Extracorporeal Shockwave Therapy of the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/600_699/0649.html Clinical Policy Bulletin: Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal shock wave therapy (ESWT) Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries http://www.aetna.com/cpb/medical/data/600_699/0649.html.

Decision rationale: According to the guidelines, there is limited evidence to support extracorporeal shock wave therapy for calcifying tendinitis of the shoulder or plantar fasciitis, but not for any other conditions. The MTUS/ACOEM Guidelines and Official Disability Guidelines do not provide recommendations for ESWT as treatment modality for wrist complaints. According to outside references, ESWT is not recommended, it is considered experimental and investigational for musculoskeletal indications as there is insufficient evidence of effectiveness for these indications. The medical records do not provide a valid clinical rationale to recommend a form of treatment that is not recommended nor supported by the evidence-based guidelines and medical literature. The medical necessity of ESWT of the wrist has not been established. Therefore, the request for 1 Extracorporeal Shockwave Therapy of the Right Wrist is not medically necessary and appropriate.