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| Case Number: | CM14-0080077 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 12/02/2013 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 05/16/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 & 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:

Medical records reflect the claimant is a 42 year old male who sustained a work injury on 12-2-13. He sustained a laceration to his fingers. X-rays of the left wrist dated 4-10-14 showed no abnormalities. Office visit on 5-6-14 notes the claimant has pain in fingers and thumb with numbness. He is unable to make a fist. On exam, the claimant had no loss of sensibility, sensation or pain to the medial forearm on the right. DTR are normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the left hand and wrist, 1 time a week for 3 weeks, QTY: 3 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter ESWT

Decision rationale: ODG notes that shockwave therapy is recommended for calcifying tendinitis. There is currently no indication for shockwave therapy for the hand and wrists. There

are no extenuating circumstances to support this form of therapy for his residuals. Therefore, the medical necessity of this request is not established.