MAXIMUS Federal Services

Case Number:	CM14-0016237		
Date Assigned:	06/11/2014	Date of Injury:	04/13/2013
Decision Date:	02/28/2015	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 50 year old female who sustained a work related injury April 13, 2013. According to a primary treating physician's progress report dated January 15, 2014, the injured worker presented with complaints of left arm pain described as sharp and throbbing 8/10, radiating to left hand and elbow pain. There is swelling present in the left arm and tenderness up to the chest and under the left shoulder and back. There was full range of motion of the left hand. Diagnoses are documented as left shoulder sprain strain, c/s sprain strain and left hand tendinopathy. Treatment plan included acupuncture, chiropractic, topical compounds, UA for toxicology, pain management and orthopedic referral and shockwave for the left hand. Work status not documented for this encounter. According to utilization review performed February 4, 2014, urgent shockwave therapy to the left hand is non-certified. MTUS ACOEM AND ODG Forearm, Wrist & Hand do not address the request for shockwave therapy. Alternate Official Disability Guidelines (ODG) Elbow; Extracorporeal shockwave therapy (ESWT) is cited and does not recommend therapy. Trials have yielded conflicting results and it is not clear why the shockwave therapy is being requested and how this will be of more functional benefit as compared to the patient's daily home exercise program. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy to the left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (updated 05/07/13), Extracorporeal shockwave therapy (ESWT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jeon JH, Jung YJ, Lee JY, et al. The Effect of Extracorporeal Shock Wave Therapy on Myofascial Pain Syndrome. Annals of Rehabilitation Medicine. 2012;36 (5):665-674.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic pain. The requested shockwave therapy was intended for the treatment of cervical myofascial pain. In terms of shockwave therapy for myofascial pain, there are other conventional treatments such as use of TENS or trigger point injections that are equally of active in providing pain relief and improved cervical range of motion. Therefore, the requested shockwave therapy was not medically necessary.