

Case Number:	CM14-0186743		
Date Assigned:	11/14/2014	Date of Injury:	06/03/2013
Decision Date:	01/05/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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. The expert reviewer is Board Certified in Emergency Medicine 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 injured worker is a 44-year-old female who reported an injury on 06/03/2013 due to catching falling boxes. Her diagnoses included right shoulder impingement syndrome, right elbow lateral epicondylitis, and right wrist pain. Her past treatments included physical therapy, chiropractic treatment, medications, shockwave therapy, and activity modification. On 08/06/2014, the injured worker complained of right hand pain rated 6/10 and right shoulder pain rated 6/10 radiating down the arm. The physical examination revealed the right wrist had limited range of motion and tenderness over the ventral aspect and palm of the hand. Her medications included Theramine, medical foods, and creams with an unspecified dose and frequency. The treatment plan was for an ortho shockwave for the right wrist. The rationale for treatment was not provided within the medical records. A request for authorization was submitted on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Shockwave for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for Ortho Shockwave for the right wrist is not medically necessary. According to the Official Disability Guidelines, the extra corporeal shockwave therapy (ESWT) is indicated for a maximum of 3 visits over 3 weeks. The guidelines also indicate that ESWT is for patients with calcifying tendonitis of the shoulder. Based on the clinical information submitted for review, the injured worker is noted to have a wrist sprain. However, the documentation does not show the injured worker had a diagnosis of calcifying tendonitis to support the requested treatment. In addition, the request failed to indicate how many sessions were being requested. Without this information, the request would not be supported as shockwave therapy holds a maximum of 3 visits. As such, the request for Ortho Shockwave for the right wrist is not medically necessary.