

Case Number:	CM14-0201772		
Date Assigned:	12/12/2014	Date of Injury:	08/29/2012
Decision Date:	02/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab 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 47 year old male sustained work related industrial injuries on August 29, 2012. The mechanism of injury involved being struck by a fork lift sustaining injuries to the neck, shoulder and back. The injured worker subsequently complained of constant pain to his lower back, neck shoulder, wrist and knees and numbness in his lower extremities. Treatment consisted of prescribed medications, knee injections, diagnostic studies, radiographic imaging, consultations and periodic follow up visits. Per most recent primary treating physician report dated June 30, 2014, (19) injured worker had increase pain and weakness with recommendations for orthopedics consult and medication refills. Primary treating physician report did not include diagnoses or detailed objective findings. Secondary treating provider report dated July 7, 2014, (28) revealed positive Tinel's sign in the bilateral wrists, positive Phalen's test, and positive median nerve compression test. Documentation also noted tenderness to palpitation over the interphalangeal joints of all digits. Diagnoses included bilateral carpal tunnel syndrome and bilateral knee patellofemoral joint chondromalacia. The treating physician prescribed services for extracorporeal shock wave for bilateral wrists, elbows and shoulders now under review. On November 4, 2014, the Utilization Review (UR) evaluated the prescription for extracorporeal shock wave for bilateral wrists, elbows and shoulders requested on October 30, 2014. Upon review of the clinical information, UR non-certified the request for extracorporeal shock wave, noting the lack of sufficient clinical documentation and the recommendations of the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy for Both Wrists, Both Shoulders, Both Elbows:

Upheld

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

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

Decision rationale: The patient presents with lower back, neck, shoulder, wrist and knee pain and numbness in his lower extremities. The current request is for extracorporeal shockwave therapy (ESWT) for both wrists, both shoulders and both elbows. The treating physician states that the patient still has pain in bilateral knees and his wrists continue to have numbness and tingling. The ODG Guidelines indicate that ESWT is an option for calcifying tendonitis of the shoulder only and is not recommended for treatment of the elbow. The Forearm, Wrist & Hand as well as the Carpal Tunnel Syndrome chapters do not address ESWT for the wrist. In this case, the treating physician has not documented any rationale as to why this procedure is being recommended. There is no diagnosis of calcific tendonitis of the shoulder to support ESWT of the shoulder, the ODG guidelines do not recommend ESWT for the elbow and the ODG does not discuss this treatment for the wrist. The current request for ESWT of the wrists, shoulders and elbows is not medically necessary.