MAXIMUS Federal Services

Case Number:	CM14-0070713		
Date Assigned:	07/14/2014	Date of Injury:	11/02/2013
Decision Date:	01/28/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational Medicine, 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:

Injured worker is a male with date of injury 11/2/2013. Per primary treating physician's progress report dated 3/6/2014, the injured worker is three months status post distal thumb partial amputation. On examination the secondary intention is healing very well with a small punctate lesion at the distal end of the right thumb. The contour of the distal segment of the thumb and nail bed is very good. Diagnosis is small area non-healed distal end of the right thumb secondary to partial amputation. Treatment plan is wound care to allow for secondary intention healing and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Tendinopathy: What Works, What Does Not, and What is on the Horizon http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2505250/

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Chapter 17, page 371 Official Disability Guidelines (ODG), Low Back chapter, Shock Wave Therapy section

Decision rationale: There is no discussion provided by the requesting physician regarding the necessity of shockwave therapy. The MTUS Guidelines strongly recommends against the use of extracorporeal shock wave therapy (ESWT) for elbow disorders. The MTUS Guidelines indicates that there is limited evidence for the use of ESWT for treating plantar fasciitis, as it is safe but disagreement to its efficacy. ODG does not recommend the use of shock wave therapy for the treatment of low back pain. There does appear to be any evidence for the use of shock wave therapy for partial amputation. The request for Shockwave Therapy is determined to not be medically necessary.