

<b>Case Number:</b>	CM15-0002406		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66-year-old female who reported an injury on 06/13/2013. The mechanism of injury was not stated. The current diagnoses include bilateral wrist carpal tunnel syndrome with tenosynovitis and bilateral long finger trigger finger. The only documentation submitted for review is a Secondary Treating Physician's Re-Evaluation Report submitted on 02/13/2015. The injured worker presented with complaints of ongoing pain. It was noted that the injured worker had been unable to return to work. Upon examination, there was tenderness to palpation over the dorsal and palmar aspect of the bilateral wrists, 60 degree flexion, 60 degree extension, 30 degree ulnar deviation, 20 degree radial deviation, a positive Tinel's sign bilaterally, tenderness to palpation over the dorsal aspect of the 3rd digit bilaterally, 4/5 motor weakness, and decreased sensation in the bilateral upper extremities involving the median nerve above the mid forearm of the thumb, index, middle finger, and ring finger. Recommendations at that time included a left carpal tunnel release with long finger trigger release. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave treatments for the left shoulder, twice weekly for four weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state there is medium quality evidence to support manual physical therapy, ultrasound, and high energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder. In this case, there was no documentation of calcifying tendinosis of the shoulder. There is also no physical examination of the left shoulder provided for review. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.