

<b>Case Number:</b>	CM15-0104051		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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

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 34-year-old female who sustained industrial injuries on June 9, 2014 including two left palm lacerations, left hand and wrist pain, decreased range of motion, and stiffness of her left hand and wrist. She has been diagnosed with crush injury of the left hand with numbness and weakness, two 1 cm palm lacerations, flagrant reflex sympathetic dystrophy on left upper extremity with nonfunctional left palm and hand, left elbow sprain or strain, left shoulder sprain or strain - adhesive capsulitis, cervical spine strain or sprain, and overload pain of the right arm. Documented treatment has included left wrist brace, TENS, chiropractic treatment, physical therapy, and medication, but she has reported no relief. The injured worker continues to report pain radiating from her right fingers, up her right arm, across her neck and down her left upper extremity. The treating physician's plan of care includes 18 acupuncture sessions and 3 shockwave therapy sessions for the left hand. She is not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Acupuncture Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions" and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request exceeds the 6-visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

**Shockwave Therapy Left Hand x 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Extracorporeal Shockwave Therapy (ESWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[https://www.anthem.com/ca/medicalpolicies/policies/mp\\_pw\\_a050255.htm](https://www.anthem.com/ca/medicalpolicies/policies/mp_pw_a050255.htm).

**Decision rationale:** Regarding the request for shockwave therapy, CA MTUS and ODG do not address the issue for the hand, although they do support it for limited use in specific conditions such as calcific tendinitis of the shoulder and plantar fasciitis after failure of other conservative treatment. Anthem cites that it is not medically necessary for musculoskeletal conditions. In light of the above issues, the currently requested shockwave therapy is not medically necessary.