

Case Number:	CM15-0131466		
Date Assigned:	07/17/2015	Date of Injury:	01/05/2015
Decision Date:	08/13/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

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 51-year-old male, who sustained an industrial injury on 1/05/2015. The medical records submitted for this review did not include the details of the initial injury. Diagnoses include status post crush injury to right hand with residual loss of motion of 3rd, 4th, and 5th fingers and nail bed deformity of right small finger, capsulitis/tenosynovitis of third metacarpal. Treatments to date include anti-inflammatory medication and physical therapy, and extracorporeal shockwave therapy. Currently, he complained of ongoing pain and numbness in the right hands. The pain was rated 7/10 VAS. On 5/14/15, the physical examination documented no change in tenderness from prior examination. The plan of care included extracorporeal shockwave therapy, once a week for four weeks to the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy, right hand times 4: 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), Treatment Index, 13th Edition (Web), 2015, Ankle & Foot, Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT) (2) Elbow (Acute & Chronic), Extracorporeal shockwave therapy (ESWT) (3) Ankle & Foot (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for right hand pain after sustaining a crush injury. When seen, he was having ongoing pain and numbness. There was right hand tenderness. Shockwave therapy was requested for the treatment of tenosynovitis of the right wrist and hand. Extracorporeal shock wave therapy (ESWT) using low energy is an option for chronic plantar fasciitis, lateral epicondylitis, and for calcifying tendinitis of the shoulder. The request is not for the treatment of any of these conditions and was not medically necessary.