

<b>Case Number:</b>	CM15-0138523		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	01/26/2015
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 21 year old male with an industrial injury dated 02/03/2014-02/23/2015, 01/26/2015. He describes the injury as cumulative trauma. His diagnoses included left wrist tenosynovitis, status post-surgery of left thumb with residual pain and bilateral knee internal derangement. Prior treatment included referral to hand surgeon and medications. He presents on 06/09/2015 with complaints of left wrist pain and muscle spasms. He describes the pain as moderate to severe and rated it as 5-6 out of 10. He is status post-surgery of the left thumb with residual pain. He rates this pain as 5 out of 10. He also notes burning bilateral knee pain and muscle spasms rated as 6 out of 10 on a pain scale. He states the medications offer him temporary relief of pain and improve his ability to have a restful sleep. There was tenderness to palpation over the carpal bones of the left wrist. Range of motion was decreased. There was a well-healed incision noted on the left thumb consistent with prior surgery. Tenderness to palpation over the medial and lateral joint line of bilateral knees was noted. Range of motion was slightly limited. Treatment plan included MRI of left wrist and fingers and left knee, referral to a hand specialist, acupuncture for left wrist and shock wave therapy. The treatment request is for 1 urine drug screen and 3 shockwave therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 shockwave therapy sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 14 Ankle and Foot Complaints, Chapter 9 Shoulder Complaints Page(s): 203 and 29 and 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shock wave therapy- Low Back Chapter.

**Decision rationale:** 3 shockwave therapy sessions are not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that quality studies are available on extracorporeal shockwave therapy in acute, sub acute, and chronic lateral epicondylalgia patients and benefits have not been shown. The MTUS ACOEM guidelines states that some medium quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The ACOEM also states that limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function. The ODG states that shock wave therapy is not recommended for the low back, as the available evidence does not support its effectiveness. The MTUS or the ODG do not discuss ESWT for the wrist/hands. The request as written does not specify a body part for this shockwave therapy. Furthermore, the guidelines do not offer support for this treatment for the wrist or hands and there is no documentation of plantar fasciitis or calcific shoulder tendinitis therefore this request is not medically necessary.

### **1 urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-urine drug screens.

**Decision rationale:** 1 urine drug screen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation indicates that prior urine drug screen was performed on 3/10/2015. There is no documentation of aberrant behavior and there are not objective urine drug screens for review to indicate the necessity of a repeat urine drug screen therefore the request for 1 urine drug screen is not medically necessary.

