

<b>Case Number:</b>	CM15-0147042		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 34 year old woman sustained an industrial injury on 6-9-2014. The mechanism of injury is not detailed. Diagnoses include left jaw pain, cervical spine radiculopathy, cervical spine pain, rule out cervical herniated nucleus pulposus, rule out bilateral shoulder derangement, bilateral shoulder pain, rule out right wrist internal derangement, right wrist pain, left finger deformity, left hand pain, low back pain, bilateral lower extremity radiculitis, and rule out lumbar disc herniated nucleus pulposus. Treatment has included oral medications. Physician notes on a PR-2 dated 6-8-2015 show complaints of left jaw pain rated 8-9 out of 10, neck pain with radiculopathy rated 8 out of 10, bilateral shoulder pain rated 8 out of 10 with radiation to the fingers with muscle spasms, right wrist pain rated 8 out of 10 with muscle spasms, left hand and finger pain rated 8 out of 10, and low back pain rated 8 out of 10 with radiculopathy. Recommendations include electromyogram and nerve conduction studies of the bilateral upper extremities, pain management consultation, shockwave therapy, acupuncture, physical therapy, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen cream, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 visits of Shockwave therapy left hand:** 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 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) shockwave therapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: "Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy; 2. Three conservative therapies prior to ESWT have been tried prior; 3. No contraindications to therapy; 4. Maximum of 3 therapy sessions over 3 weeks." The ACOEM chapter on hand complaints does not endorse this as a treatment option. Criteria as outlined above have not been met and therefore the request is not medically necessary.