

Case Number:	CM15-0163352		
Date Assigned:	08/31/2015	Date of Injury:	05/20/2013
Decision Date:	09/30/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52 year old female who sustained an industrial-work injury on 5-20-13. She reported an initial complaint of left elbow, left wrist, and left hand pain. The injured worker was diagnosed as having left elbow sprain-strain, left carpal tunnel syndrome, left wrist internal derangement, and left hand tenosynovitis. Treatment to date includes medication, left thumb spica splint, and physical therapy. Currently, the injured worker complained of mild left elbow pain, moderate left wrist pain, and mild left hand pain. Per the primary physician's report (PR-2) on 7-8-15, exam noted motor strength of 5 out of 5 in the upper and lower extremities, deep reflexes are normal and equal bilaterally at 2 out of 2, tenderness to palpation of the elbow region, along with spasm of the dorsal and volar forearm, tenderness to palpation of the wrist region, Tinel's and Phalen's are positive, and tenderness to palpation of the palmar aspect of the left hand. The requested treatments include Extracorporeal Shock Wave Therapy (ESWT) body part: left hand; left wrist; left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy (ESWT) body part: left hand; left wrist; left elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 29.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19.

Decision rationale: Pursuant to the ACOEM, extracorporeal shock wave therapy to the left hand, wrist and elbow is not medically necessary. "Despite improvement in pain scores and pain-free maximum grip strength within groups, there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with forearm stretching program and treating forearm stretching program alone" Extracorporeal shock wave therapy is not recommended. In this case, the injured worker's working diagnoses are left elbow sprain strain; left carpal tunnel syndrome; left wrist internal derangement; and left hand tenosynovitis. Date of injury is May 20, 2013. Request authorization is June 10, 2015. According to a June 10, 2015 progress note, the injured worker complains of pain in the left elbow wrist and hand. Objectively, there is tenderness to help patient in the left elbow wrist and hand. Range of motion is otherwise full. Motor function is normal at 5/5 and there were no sensory deficits. The treatment plan does not contain a request or clinical discussion for extracorporeal shockwave therapy. The request for authorization does not contain a clinical entry added by the treating provider for extracorporeal shock wave therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical documentation with a clinical indication and rationale for extracorporeal shockwave therapy and guideline non-recommendations for extracorporeal shock wave therapy to the forearm, wrist and hand, extracorporeal shock wave therapy to the left hand, wrist and elbow is not medically necessary.