

Case Number:	CM15-0169933		
Date Assigned:	09/10/2015	Date of Injury:	06/03/2009
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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:

The injured worker is a 54 year old female who sustained an industrial injury on 6-3-09. Progress report dated 3-30-15 reports continued complaints of pain in the neck, mid and upper back, lower back, bilateral shoulders, bilateral elbows, bilateral knees, and bilateral ankles and headaches. She has numbness in her bilateral wrists. The pain is rated 8 out of 10. The pain in her right shoulder and right ankle has increased from 7 out of 10 to 8 out of 10 since last visit. Diagnoses include: head pain, cervical musculoligamentous strain and sprain with radiculitis, cervical spine discogenic disease, thoracic musculoligamentous strain and sprain, lumbosacral musculoligamentous strain and sprain with radiculitis, rule out lumbosacral spine discogenic disease, bilateral shoulder strain and sprain, rule out bilateral shoulder impingement syndrome, bilateral elbow sprain and strain, rule out right elbow cubital tunnel syndrome, status post right elbow medial release surgery with residual pain, bilateral wrist strain and sprain, rule out bilateral wrist carpal tunnel syndrome, status post surgeries, right middle finger release and right carpal tunnel release on 1-15-10, bilateral knee strain and sprain, rule out bilateral strain and sprain, rule out bilateral knee internal derangement, bilateral ankle strain and sprain, sleep disturbance and depression. Plan of care includes: continue chiropractic therapy 2 times per week for 6 weeks, prescribed transdermal creams. Work status: remain temporarily totally disabled from 3-30-15 to 5-5-15. Follow up on 5-5-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Retro Extracorporeal Shock Wave Therapy of The Left Wrist Once A Week for 4 Weeks for a Total of 4 Treatment Sessions As Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

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, and 4. Maximum of 3 therapy sessions over 3 weeks. The particular service is not recommended for the requested site per the ODG or the ACOEM chapter on wrist complaints. Review of the documentation does not supply information to contradict these recommendations and therefore the request is not medically necessary.