

Case Number:	CM15-0183786		
Date Assigned:	09/24/2015	Date of Injury:	10/05/2011
Decision Date:	10/30/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female injured worker suffered an industrial injury on 10-5-2011. The diagnoses included lumbar spine herniated disc, bilateral knee meniscal tear, bilateral carpal tunnel syndrome and myospasms. On 8-25-2015, the treating provider reported low back pain and bilateral knee pain rated 7 out of 10. There was bilateral hand-wrist pain with numbness that was increasing. On exam, lumbar spine was tender with reduced range of motion and spasms. The bilateral knees and wrist-hands were tender. The Utilization Review on 9-4-2015 determined non-certification for Ortho shockwave of both wrists six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho shockwave of both wrists six sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [REDACTED] Medical Policy, Extracorporeal Shock Wave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shockwave therapy.

Decision rationale: The MTUS does not address the use of ortho shockwave therapy. The ODG guidelines do address use of extracorporeal shockwave therapy for lower extremity, shoulder and elbow conditions. Approved conditions include lateral epicondylitis of the elbow, calcific tendonitis of the shoulder, achilles tendonitis and plantar fasciitis. There are no indications for use of shockwave therapy for the wrists. The request for Ortho shockwave of both wrists six sessions is not medically necessary.