

<b>Case Number:</b>	CM15-0188583		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/15/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Texas, New York, California

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand pain reportedly associated with an industrial injury of September 15, 2014. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve a request for extracorporeal shockwave therapy to the hands and fingers. Office visits and RFA forms of July 24, 2015 and June 24, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. It was noted on August 19, 2015 that the applicant was off of work and remained off of work since September 2014. Multifocal complaints of back and hand pain were evident at this point. The applicant reported difficulty performing activities of daily living as basic as gripping, grasping, and lifting a gallon of milk, it was acknowledged. On August 10, 2015, the applicant apparently received extracorporeal shockwave therapy targeting the hand, despite the seemingly unfavorable Utilization Review determination. On August 15, 2015, the applicant again received extracorporeal shockwave therapy. A highly templated procedure letter was attached. In a progress note dated July 24, 2015, the applicant was placed off of work, on total temporary disability owing to multifocal complaints of low back and hand pain. Multiple topical compounds, dietary supplements, manipulative therapy, acupuncture, extracorporeal shockwave therapy and localized intense neurostimulation therapy were all sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Shockwave therapy left hand/fingers x 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health, <http://www.ncbi.nlm.nih.gov/pubmed/23738282>.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Ultrasound, therapeutic. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 940 For most body parts, there is evidence that ESWT is ineffective (see Elbow Disorders, Shoulder Disorders, and Ankle and Foot Disorders chapters).

**Decision rationale:** No, the request for extracorporeal shockwave therapy for the left hand and fingers x3 sessions was not medically necessary, medically appropriate, or indicated here. Extracorporeal shockwave therapy is a subset of therapeutic ultrasound, which, per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines is deemed "not recommended" in the chronic pain context present here. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271 further notes that usage of passive modalities such as the shockwave therapy at issue is deemed "not recommended" in evaluation and management of applicants with forearm, wrist, and hand pain complaints, as were/are present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, thus, the attending provider's concomitant request for four different passive modalities to include chiropractic manipulative therapy, acupuncture, extracorporeal shockwave therapy and localized intense neurostimulation therapy on single date of service, July 24, 2015, was, thus, at odds with page 271 of the ACOEM Practice Guidelines and with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. The Third Edition ACOEM Guidelines Knee Disorders Chapter further notes that for "most body parts," there is evidence that extracorporeal shockwave therapy is "ineffective." Here, the attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable MTUS and ACOEM positions on the same. Therefore, the request was not medically necessary.