

Case Number:	CM15-0189315		
Date Assigned:	10/01/2015	Date of Injury:	04/30/2014
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, California

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 43 year old female who sustained an industrial injury on 04-30-2014. Treatment to date has included acupuncture, medications, and physical therapy. According to an initial orthopedic evaluation by the secondary physician performed on 08-21-2015, the injured worker reported constant aching in the right wrist and hand pain that was sharp, shooting and burning with activity. She reported cramping and weakness in her right hand. Pain increased with gripping, grasping and repetitive hand and finger movements. She also reported numbness and tingling in the hand as well as tenderness over the first dorsal compartment. She had difficulty sleeping and awakened with pain and discomfort. Acupuncture and pain medications provided temporary pain relief. She wore a wrist-hand support. Tenderness was noted over the right distal radius and ulnar aspect on the right. Finkelstein test was reduced on the right. Phalen and reverse Phalen testing was positive on the right. Two-point discrimination was less than 8 millimeters on the right. The provider noted that ulnar aspect tenderness indicated a possible TFCC tear. The provider noted that an MRI study of the wrist should be done to evaluate the TFCC and carpal ligaments. On 08-25-2015, Utilization Review non-certified the request for Extracorporeal Shock Wave Therapy (ESWT) to the right wrist 1 x 3.

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) to the right wrist 1 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, pg 15, Elbow chapter, pg12.

Decision rationale: The hand chapter does not comment on shock wave for the wrist. Shockwave is not recommended for the elbow and is only recommended for calcific tendonitis of the shoulder. In this case, there is concern of a TFCC tear but not calcific tendonitis. Although it may benefit tendonitis, there is no evidence of failed therapy and other modalities that are more evidence based. As a result, the request for shock wave therapy is not medically necessary.