

Case Number:	CM15-0189379		
Date Assigned:	10/01/2015	Date of Injury:	10/10/2013
Decision Date:	11/09/2015	UR Denial Date:	09/22/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old female, who sustained an industrial injury on 10-10-13. The injured worker was diagnosed as having cervical spine herniated nucleus pulposus with radiculopathy, lumbar spine herniated nucleus pulposus with radiculopathy; sleep deprivation; stress, anxiety and depression. Treatment to date has included physical therapy; cervical epidural steroid injections (5-14-15; 7-16-15); medications. Currently, the PR-2 notes dated 9-11-15 indicated the injured worker is in this office for a follow-up visit for an orthopedic medical evaluation. The injured worker reports he has been performing physical therapy with some benefit however, has pain in the wrist, elbow and shoulder as well as neck and the back. At this time, due to ongoing symptoms, the provider notes he may benefit from a short course of extracorporeal shockwave therapy for the right wrist for six office visits. The provider documents the injured worker complains of neck pain that is dull and achy becoming sharp and stabbing with increased activities. The pain becomes worse with any increased activity and complains of numbness of her upper extremities with frequent dropping of items and associated headaches that are cervicogenic. The bilateral upper extremities pain is with weakness. There is achy throbbing pain that increases with any activity. She reports tingling with any prolonged activities and complains of numbness into her hands at night with the right greater than the left. She complains of low back pain that is dull and achy pain becoming sharp with increased activities or prolonged standing. She has had three epidural steroid injections that have provided four months of benefit (7-16-15). On physical examination, the provider notes cervical palpation and paraspinal spasms positive on the left and right. Cervical orthopedic test are bilaterally positive for distraction, foraminal compression and shoulder depression. Her

thoracic spine is positive bilaterally for paravertebral muscle spasms. Her straight leg tests are bilaterally positive as well as Kemp's, Milgram's and Valsalva. PR-2 notes dated 8-28-15 indicate the injured worker was last seen in this office on 6-5-15 and subsequently has a cervical epidural steroid injection on 7-16-15. He documents the injured worker is doing great providing at least 60% improvement of her pain as well as increased activity level. He notes she has increased range of motion of her cervical spine. She reports sleeping better and using about 30% less pain medication for that body part. A prior cervical injection was 5-14-15 also giving her about 60% pain relief for 6-8 weeks of benefit. A Request for Authorization is dated 9-24-15. A Utilization Review letter is dated 9-22-15 and non-certification was for extracorporeal shock wave therapy (ECSWT) for the right wrist, six (6) office visits. A request for authorization has been received for extracorporeal shock wave therapy (ECSWT) for the right wrist, six (6) office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy (ECSWT) for the right wrist, six (6) office visits:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in October 2013 and is being treated for back, shoulder, and hand pain with swelling and numbness while working as a typist. When seen, she was performing physical therapy with some benefit. Complaints included throbbing upper extremity pain. There was decreased sensation of the palm and dorsum of the hand bilaterally. There was no recorded elbow or wrist examination. Authorization for shock wave treatments for the right elbow and wrist was requested. Research trials of extracorporeal shockwave therapy have yielded conflicting results and its value, if any, can presently be neither confirmed nor excluded. It can be considered for chronic lateral epicondylitis and a maximum of 3 therapy sessions over 3 weeks can be recommended. It is not recommended for the wrist. In this case, the location to be treated is not specified. The number of treatments is in excess of what could be considered for epicondylitis. The requested treatments are not medically necessary.