

Case Number:	CM15-0190277		
Date Assigned:	10/02/2015	Date of Injury:	06/28/2013
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 48 year old male, who sustained an industrial injury on June 28, 2013. He reported back, left shoulder and bilateral wrist pain due to cumulative trauma. The injured worker was diagnosed as having lumbosacral musculoligamentous strain and sprain, rule out lumbosacral spine discogenic disease, left shoulder tendinosis, left shoulder impingement syndrome, right wrist tenosynovitis and history of right wrist avascular necrosis. Treatment to date has included diagnostic studies, medication, acupuncture and physical therapy. On August 20, 2015, the injured worker complained of bilateral wrist pain. Physical examination revealed swelling over the dorsal aspect of the right wrist with tenderness to palpation. Range of motion was noted to be decreased. The treatment plan included medications, urine toxicology, interferential unit and extracorporeal shockwave therapy for the right wrist. On September 2, 2015, utilization review denied a request for four extracorporeal shockwave therapy visits for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 extracorporeal shockwave therapy visits for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com/cpb/medical/data/600_699/0649.html.

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

Decision rationale: MTUS does not specifically refer to extracorporeal shockwave therapy. The ODG guidelines were consulted for ESWT treatment of the wrist. ODG does not specify shock wave therapy for wrist and cervical neck, but does detail therapy of lumbar spine, "Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged." In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The ODG guidelines were consulted for ESWT treatment of the shoulder and only recommended Shoulder ESWT when: 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). ODG states in reference to the elbow "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended." Medical documentation provided does not provide sufficient details of failed conservative therapy for the wrist and guidelines do not specify shock wave therapy for the wrist. As such, the request for 4 extracorporeal shockwave therapy visits for the right wrist is not medically necessary.