

Case Number:	CM15-0198434		
Date Assigned:	10/13/2015	Date of Injury:	09/05/2014
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/08/2015

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: 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 injured worker is a 29 year old female who sustained an industrial injury on September 05, 2014. A recent secondary treating office visit dated August 20, 2015 reported subjective complaint of "little overall change with the Trileptal." She continues with complaint of "diffuse dysesthetic pain throughout the right upper extremity." She is also with complaint of sleep disturbances. She is diagnosed with CRPS type I stage II. The plan of care is with standing request for stellate ganglion blocks and increased Oxcarbazepine to 600mg twice daily. Primary treating office visit dated August 19, 2015 reported subjective complaint of "right wrist and hand pain." She further states that "acupuncture helps manage pain and increases mobility, but the last two sessions caused her pain." She is to continue with acupuncture treatment. There is note of previous ganglion stellate injection administered May 28, 2015. The plan of care is with requested recommendation for extracorporeal shockwave therapy treatments to the right wrist and hand, chiropractic session and acupuncture. She is to follow up with pain management, orthopedist and psychiatric consultations. On September 09, 2015 a request was made for extracorporeal shockwave therapy treating the right wrist and hand that was noncertified by Utilization Review on September 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Treatment (ESWT) 1x4 (R wrist/hand): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/articles/PMC3342893/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter/Extracorporeal Shock Wave Therapy (ESWT) Section.

Decision rationale: The MTUS Guidelines do not address the use of extracorporeal shock wave therapy to the wrist/hand. The ODG does not recommend the use of shock wave therapy as the available evidence does not support the effectiveness of ultrasound or shock wave for treating the wrist/hand, therefore, the request for extracorporeal shock wave treatment (ESWT) 1x4 (R wrist/hand) is not medically necessary.