

Case Number:	CM15-0200835		
Date Assigned:	10/15/2015	Date of Injury:	05/12/2015
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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 39 year old male who sustained an industrial injury on 5-12-2015. A review of medical records indicates the injured worker is being treated for right hand surgery. Medical records dated 9-22-2015 noted pain in the right wrist and hand. Associated with numbness and tingling. Physical examination noted right hand weakness and intermittent spasm with the use of the right hand. Left index tip, left distal thumb, and left small tip sensation was intact. Treatment has included 6 sessions of physical therapy. Utilization review form dated 10-1-2015 noncertified extracorporeal shockwave therapy 1 x a week x 4 weeks for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy 1 times a week times 4 weeks Right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Elbow (Acute & Chronic), Extracorporeal shockwave therapy (ESWT) (2) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT) (3) Ankle & Foot (Acute & Chronic), Extracorporeal shock wave therapy (ESWT) (4) Knee & Leg (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: The claimant sustained a work injury in May 2015 when he was installing a water pipe using a drill motor and he twisted his right hand. He sustained an oblique fourth metacarpal fracture. He underwent ORIF on 06/04/15. In August 2015 he was two months status post surgery. His hand was improving. He had ongoing stiffness and discomfort with decreased range of motion of the fourth metacarpal phalangeal joint. He was referred for 12 sessions of therapy. Post-operative x-rays were obtained. When seen in September 2015 he had completed therapy treatments. He had weakness with intermittent pain. There was intact sensation. Authorization was requested for four shockwave treatments for the right hand. Extracorporeal shockwave therapy (ESWT) can be recommended for lateral epicondylitis, calcific tendinitis of the shoulder, and plantar fasciitis and is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. In this case, the claimant does not have any of these conditions. The request is not medically necessary.