

Case Number:	CM15-0204741		
Date Assigned:	10/21/2015	Date of Injury:	01/01/2013
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/19/2015

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: Emergency 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 41 year old male, who sustained an industrial injury on 1-1-2013. The injured worker is undergoing treatment for cervical degenerative arthritis and probable bulging lumbar disc with radiculopathy. Medical records dated 8-11-2015 indicate the injured worker complains of low back pain rated 6-7 out of 10, right wrist pain rated 5 out of 10, right leg pain rated 8 out of 10 and right shoulder pain rated 6 out of 10. Physical exam dated 4-17-2015 indicates right wrist tenderness to palpation, decreased range of motion (ROM) and positive Tinel's, bracelet and Finkelstein's test. Physical exam dated 8-11-2015 notes lumbar tenderness to palpation, decreased range of motion (ROM) and spasm and sacroiliac joint spasm. There is decreased grip strength in the right hand. Treatment to date has included magnetic resonance imaging (MRI), medication, X-rays, physical therapy, shockwave therapy, acupuncture, rest, heat and epidural steroid injection. The original utilization review dated 9-16-2015 indicates the request for orthopedic shockwave X3 for the right wrist is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho shockwave, x 3 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 Official Disability Guidelines (ODG), 2015, Low Back, Shock wave therapy.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Forearm, Wrist, Hand Complaints, Extracorporeal Shockwave Therapy, page 265-266, noted that this treatment is not recommended, as despite some reported improvement in pain, there is no meaningful difference in results between this treatment and aggressive stretching exercise regimens. The injured worker has low back pain rated 6-7 out of 10, right wrist pain rated 5 out of 10, right leg pain rated 8 out of 10 and right shoulder pain rated 6 out of 10. Physical exam dated 4-17-2015 indicates right wrist tenderness to palpation, decreased range of motion (ROM) and positive Tinel's, bracelet and Finkelstein's test. Physical exam dated 8-11-2015 notes lumbar tenderness to palpation, decreased range of motion (ROM) and spasm and sacroiliac joint spasm. There is decreased grip strength in the right hand. Treatment to date has included magnetic resonance imaging (MRI), medication, X-rays, physical therapy, shockwave therapy, acupuncture, rest, heat and epidural steroid injection. The treating physician has not sufficiently documented objective evidence of functional improvement from previous shockwave treatments. The criteria noted above not having been met, ortho shockwave, x 3 for the right wrist is not medically necessary.