

<b>Case Number:</b>	CM15-0021087		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: 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 was a 30 year old female, who sustained an industrial injury, March 28, 2014. The injured worker sustained the injury by accumulative trauma between October 1, 2007 and March 28, 2014. According to progress note of December 29, 2014, the injured workers chief complaint was left dorsal thumb web and left small fingertip with diminished sensation. The injured worker was diagnosed with right elbow strain/sprain, right wrist carpal tunnel syndrome, left wrist carpal tunnel syndrome, bilateral arm pain and chronic pain syndrome. The injured worker previously received the following treatments Tramadol, Flurbiprofen powder, Lidocaine and Versapro base cream. On December 11, 2014, the primary treating physician requested Left wrist shock wave therapy 1 times a week for 3 weeks, for left index tip, left dorsal thumb web and left small fingertip with diminished sensation. On January 19, 2015, the Utilization Review denied authorization for left wrist shockwave therapy 1 times a week for 3 weeks. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left writ shockwave therapy 1 week for 3 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Integrated Treatment/Disability Duration Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Anthem Medical Policy # SURG.00045 Extracorporeal Shock Wave Therapy for Orthopedic Conditions

**Decision rationale:** Regarding the request for ECSWT (Extracorporeal shock wave therapy) for the wrist, California MTUS does not address the issue. ODG does not address the issue for the wrists. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested ECSWT (Extracorporeal shock wave therapy) for the wrist is not medically necessary.