

Case Number:	CM15-0043668		
Date Assigned:	03/16/2015	Date of Injury:	08/03/2013
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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

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 (IW) is a 62-year-old male who sustained an industrial injury on 08/03/2013. The original injury involved crushing of the left hand. Diagnoses include left hand fracture, left wrist internal derangement and left hand internal derangement. Treatment to date has included medications, hand therapy, splinting, rest and ice. Diagnostics performed include x-rays and MRIs. According to the progress notes dated 1/21/15, the IW reported pain in the left hand and left wrist. The requested service was part of the provider's treatment plan for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy for the left 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) Elbow/Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Low back chapter, ESWT.

Decision rationale: The patient presents with pain and weakness in his left hand. The request is for EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) FOR THE LEFT WRIST. The patient has undergone ESWT on 09/05/14, 09/12/14 and 09/19/14. The 10/08/14 progress report states that "ESWT helps him manage his pain and increase mobility." Per 01/21/15 progress report, the patient remains off work. MTUS guidelines do not discuss ESWT. ODG guidelines do not recommend ESWT for L-spine, neck or knees. ODG guidelines Lumbar chapter, do not recommend Shock wave therapy, stating "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. --Seco, 2011--" ODG do not recommend ESWT, stating "There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. --Gross-Cochrane, 2002-- --Philadelphia, 2001--" ODG-TWC guidelines states that ESWT for the knee, is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. <http://www.odg-twc.com/odgtwc/knee.htm#ESWT>. In this case, the treater does not explain why another shockwave therapy is being asked for. Given the lack of the guidelines support for this treatment to the Lumbar spine, the request IS NOT medically necessary.