

Case Number:	CM15-0056237		
Date Assigned:	04/01/2015	Date of Injury:	06/09/2014
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 34-year-old female sustained an industrial injury to the head/jaw, neck, low back, bilateral shoulders, right wrist and left hand/fingers on 6/9/14. Previous treatment included x-rays, physical therapy, electrical stimulation, magnetic resonance imaging and medications. In an initial orthopedic evaluation dated 2/5/15, the injured worker complained of pain to the left side of the jaw, neck, bilateral shoulders, right wrist, left hand, left fingers and low back, rated 10/10 on the visual analog scale. Physical exam was remarkable for tenderness and swelling of the left side of the jaw, tenderness to palpation to the subsequent-occipital region, bilateral scalene and trapezius muscles and bilateral shoulders. The right wrist had tenderness to palpation over the carpal bones and thenar eminence with decreased range of motion, tenderness to palpation to the right palm and flexion deformity to the left fingers. Current diagnoses included pain in the left side of the jaw, cervical spine radiculopathy, cervical spine pain, rule out cervical spine disc displacement, rule out bilateral shoulder internal derangement, bilateral shoulder pain, rule out right wrist internal derangement, right wrist pain, left finger deformity, left hand pain, low back pain, lower extremity radiculitis and rule out lumbar spine herniated nucleus pulposus. The treatment plan included medications (Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Terocine patches and Ketoprofen cream), x-rays of the cervical spine, lumbar spine, bilateral shoulders, right wrist and left hand/fingers, a transcutaneous electrical nerve stimulator unit, a hot/cold unit, physical therapy and acupuncture three times a week for six weeks, a course of shockwave therapy (up to 3 treatment for bilateral shoulders, right wrist and

left hand/fingers and 6 treatments for the cervical spine and lumbar spine), referral for a Functional Capacity Evaluation, referrals to a dentist, internal medicine specialist and orthopedic surgeon, magnetic resonance imaging cervical spine, lumbar spine, bilateral shoulders, right wrist and left hand/fingers, electromyography/nerve conduction velocity test of bilateral upper and lower extremities and a course of Localized Intense Neurostimulation Therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 visits of Shockwave Therapy for the Left 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, Extracorporeal shockwave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Knee, ESWT and Other Medical Treatment Guidelines pub med search ESWT and wrist PM R. 2015 Feb 4. pii: S1934-1482(15)00051-9. doi: 10.1016/j.pmrj.2015.01.019. [Epub ahead of print] Ulnar Neuropathy After Extracorporeal Shockwave Therapy: A Case Report. Shim JS1, Chung SG1, Bang H1, Lee HJ2, Kim K3.

Decision rationale: MTUS does not specifically refer to Electric Shockwave therapy. The ODG guidelines were consulted for ESWT treatment of the shoulder and only recommended Shoulder ESWT when: 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). ODG does not specify shock wave therapy for wrist, hand and cervical neck, but does detail therapy of lumbar spine, "Not recommended. 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." A case report of ESWT of the wrist from Feb 2015 noted, "Our case report demonstrates that ESWT might cause or contribute to peripheral nerve injury at the site of application." Medical documents do not indicate the patient has any calcifying tendinitis and guidelines do not recommend ESWT for the hand. The treating physician does not fully detail a trial and failure of conservative treatment. As such, the request for 3 visits of Shockwave Therapy for the Left Hand is not medically necessary.