

<b>Case Number:</b>	CM15-0060007		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	04/15/2003
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old [REDACTED] beneficiary who has filed a claim for chronic wrist, hip, shoulder, mid back, and neck pain reportedly associated with an industrial injury of April 15, 2003. In a Utilization Review report dated March 3, 2015, the claims administrator approved an internal medicine consultation while denying an extracorporeal shockwave therapy for the wrist and hip. A progress note of February 16, 2015 and an associated RFA form of February 18, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 7, 2015, difficult to follow, not entirely legible, it was acknowledged that the applicant was no longer working. The applicant had apparently retired, it was suggested. Multifocal complaints of low back, hand, wrist, and hip pain were noted, highly variable, 6-8/10. The applicant had completed 24 sessions of acupuncture and 24 sessions of physical therapy, it was acknowledged. Work restrictions were endorsed. The applicant was asked to continue Motrin and a topical compounded cream. Extracorporeal shockwave therapy was seemingly proposed via a progress note dated February 16, 2015. The note was very difficult to follow, handwritten, and not altogether legible. Multifocal complaints of neck, low back, hip, and wrist pain were reported on this date. It was suggested that the applicant had previously received extracorporeal shockwave therapy for the wrist in late 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shock Wave Therapy - Wrists: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (web - [www.odgtreatment.com](http://www.odgtreatment.com)) - Criteria for use of Extracorporeal Shock Wave Therapy (ESWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123. Decision based on Non-MTUS Citation Knee - Extracorporeal Shockwave Therapy ("Shockwave") For most body parts, there is evidence that ESWT is ineffective (see Elbow Disorders, Shoulder Disorders, and Ankle and Foot Disorders chapters). Source - ACOEM V.3.

**Decision rationale:** No, the request for extracorporeal shockwave therapy for the wrist was not medically necessary, medically appropriate, or indicated here. Extracorporeal shockwave therapy is a subset of therapeutic ultrasound, which, per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines is "not recommended" in the chronic pain context present here. The Third Edition ACOEM Guidelines likewise note that, for most body parts, that there is evidence that extracorporeal shockwave therapy is ineffective. No clear or compelling rationale for selection of this particular modality in the face of the unfavorable MTUS and ACOEM positions on the same was furnished by the attending provider. Therefore, the request was not medically necessary.

**Extracorporeal Shock Wave Therapy - Hips: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123. Decision based on Non-MTUS Citation Knee - Extracorporeal Shockwave Therapy ("Shockwave") For most body parts, there is evidence that ESWT is ineffective (see Elbow Disorders, Shoulder Disorders, and Ankle and Foot Disorders chapters). Source - ACOEM V.3.

**Decision rationale:** Similarly, the request for extracorporeal shockwave therapy for the hip was likewise not medically necessary, medically appropriate, or indicated here. Extracorporeal shockwave therapy is a subset of therapeutic ultrasound, which, per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines is "not recommended" in the chronic pain context present here. Similarly, the Third Edition ACOEM Guidelines likewise note that, for most body parts, that there is evidence that extracorporeal shockwave therapy is ineffective." No clear or compelling applicant-specific rationale for selection of this particular modality was furnished in the face of the unfavorable MTUS and ACOEM positions on the article at issue. The attending provider's documentation was thinly and sparsely developed and comprised, in large part, of preprinted checkboxes. Therefore, the request was not medically necessary.

