

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0062241 | | |
| Date Assigned: | 04/08/2015 | Date of Injury: | 08/03/2013 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 04/01/2015 |

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 62 year old male who sustained a work related injury August 3, 2013. While operating a crane, his left gloved hand became caught against a metal roll, and he felt a bone cracking in his left hand. He was diagnosed with a left hand sprain and fracture and was initially treated with medication and a splint. In September, 2013, he was diagnosed by a hand surgeon with a left metacarpal fracture, and left thumb metacarpophalangeal flexion contracture and provided a thumb splint and additional testing was advised. According to a primary treating physician's progress report dated February 25, 2015, the injured worker presented with constant left wrist and hand pain aggravated by lifting and grabbing. Physical therapy was noted to have helped pain and increased functionality for the left hand and wrist. The last session was noted to be three weeks prior. Diagnoses are left hand fracture; left wrist internal derangement; left hand internal derangement. Treatment plan included physical therapy for the left hand and wrist, consultation with internal medicine and psychology, and a sleep study. At issue, is a request for extracorporeal shockwave therapy 1 x 3, left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy 1 time a week for 3 weeks 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, Treatment Index, 11th Edition (web), 2013, Elbow Chapter, <http://www.aetna.com/cpb/medical/data/600699/0649.html> (last accessed: 03/06/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), Shockwave therapy.

Decision rationale: The requested Extracorporeal shockwave therapy 1 time a week for 3 weeks left wrist, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), Shockwave therapy, note that this is not supported at the present time. The injured worker has constant left wrist and hand pain aggravated by lifting and grabbing. The treating physician has documented a left hand sprain and fracture and was initially treated with medication and a splint. The treating physician has not provided peer-reviewed, nationally recognized, evidence based medical literature support for this procedure. The criteria noted above not having been met, Extracorporeal shockwave therapy 1 time a week for 3 weeks left wrist is not medically necessary.