

<b>Case Number:</b>	CM15-0080273		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 25 year old female, who sustained an industrial injury on 1/30/14. She reported pain in her thoracic spine, right shoulder and bilateral wrists. The injured worker was diagnosed as having bilateral wrist sprain, left wrist tenosynovitis and status post left wrist surgery on 9/10/2014. Treatment to date has included a bilateral wrist MRI on 3/4/15 showing a partial tear of triangular fibrocartilage complex, surgery, hand therapy and topical medications. As of the PR2 dated 3/31/15, the injured worker reports 7/10 pain in her thoracic spine and right shoulder, 6/10 pain in her right wrist and 4/10 pain in her left wrist. Objective findings include tenderness to palpation in the dorsal wrist and a positive grind test. The treating physician requested extracorporeal shockwave therapy to the left wrist and right wrist. The patient has had X-ray of the left wrist on 2/3/14 with normal findings and MRI of the left wrist on 3/24/14 that revealed ganglion cyst and tenosynovitis. The patient has used a TENS unit, Patient had received acupuncture sessions for this injury. Patient has received an unspecified number of PT visits for this injury. The medication list includes Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy, Left Wrist / Right Wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL ([www.ncbi.nlm.nih.gov/pubmed/22433113](http://www.ncbi.nlm.nih.gov/pubmed/22433113)) - Extracorporeal Shockwave Therapy in Musculoskeletal disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (updated 06/23/15) Extracorporeal shockwave therapy (ESWT) Shoulder (updated 05/04/15) Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** Extracorporeal Shockwave Therapy, Left Wrist / Right Wrist. ACOEM and CA MTUS guidelines do not address shock wave therapy. Per the cited guidelines, extracorporeal shockwave treatment is "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects." Per the cited guidelines, extracorporeal shockwave treatment is "Recommended for calcifying tendinitis but not for other shoulder disorders". There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions". 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)". Maximum of 3 therapy sessions over 3 weeks." Any evidence of calcifying tendinitis was not specified in the records provided. As per cited guideline, extracorporeal shockwave treatment is not recommended. Per the cited guidelines, there was no high grade scientific evidence to support the use of extracorporeal shockwave treatment for this diagnosis. Patient has received an unspecified number of PT visits for this injury. The response to prior conservative treatments including physical therapy or chiropractic therapy was not specified in the records provided. The notes from the previous conservative treatments sessions were not specified in the records provided. The medical necessity of the request for Extracorporeal Shockwave Therapy, Left Wrist / Right Wrist is not fully established in this patient.