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| Case Number: | CM15-0085964 | | |
| Date Assigned: | 05/08/2015 | Date of Injury: | 08/03/2013 |
| Decision Date: | 06/22/2015 | UR Denial Date: | 04/21/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

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, Pain Management

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 with an industrial injury dated 8/03/2013. The injured worker's diagnoses include left hand fracture, left wrist internal derangement, and left hand internal derangement. Treatment consisted of MRI of the left hand and wrist, psyche consultation, and periodic follow up visits. In a progress note dated 4/1/2015, the injured worker reported pain in the left hand and left wrist. The treating physician noted that the injured worker's left wrist pain occurred 10% of the time. Objective findings revealed light touch sensation in the left index tip; left dorsal thumb web and left small tip were intact. The treating physician prescribed services for extracorporeal shockwave therapy for left wrist, 1 time per week for 3 weeks (3 sessions) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy for Left Wrist, 1 time per week for 3 weeks (3 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter - Criteria for use of Extracorporeal Shockwave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Anthem Medical Policy # SURG.00045 Extracorporeal Shock Wave Therapy for Orthopedic Conditions.

Decision rationale: Regarding the request for ECSWT (Extracorporeal shock wave therapy) for the wrist, California MTUS does not address the issue. ODG does not address the issue for the wrists. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested ECSWT (Extracorporeal shock wave therapy) for the wrist is not medically necessary.