

Case Number:	CM15-0089597		
Date Assigned:	05/13/2015	Date of Injury:	03/25/2007
Decision Date:	06/15/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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 53-year-old male who sustained a work related injury March 25, 2007. As a result of repetitive forceful work using his hands, he developed pain in his shoulders, arms, and hands. Past history included bilateral carpal tunnel surgery, 2007. According to a primary treating physician's supplemental report, dated April 7, 2015, the injured worker presented with weakness of the right wrist and pain in the neck, upper back, shoulders, left elbow, both hands and wrists and occasional headache. Diagnoses are documented as headache; cervical sprain and possible radiculopathy; elbow/hand/wrist sprain; disorders of bursae and tendons in shoulder region unspecified. Treatment plan included follow-up with hand specialist, acupuncture, electrodiagnostic studies, and at issue, a request for authorization for left and right wrist shock- wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist shock-wave therapy QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235, Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Page MJ, et al. Therapeutic ultrasound for carpal tunnel syndrome. Cochrane Database Syst Rev 2013; Mar 28; 3: CD009601 <http://www.ncbi.nlm.nih.gov/pubmed/23543580>.

Decision rationale: The MTUS/ACOEM and the Official Disability Guidelines do not comment on the use of Extracorporeal Shock Wave Therapy for carpal tunnel syndrome. The Cochrane Database, cited above, provides the following review of this treatment modality. The authors of this study assessed the effects of therapeutic ultrasound compared with no treatment, placebo or another non-surgical intervention in people with carpal tunnel syndrome. They searched for randomized controlled trials that met the inclusion criteria. There were 11 published studies with 414 participants overall. They found that there is only poor quality evidence from very limited data to suggest that therapeutic ultrasound may be more effective than placebo for either short-term or long-term symptom improvement in patients with carpal tunnel syndrome. More methodologically rigorous studies were needed to address whether this is an effective intervention. At this time, shock-wave therapy to the left wrist for carpal tunnel syndrome is not medically necessary, as there is insufficient evidence to support the use.

Right wrist shock-wave therapy QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235, Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Page MJ, et al. Therapeutic ultrasound for carpal tunnel syndrome. Cochrane Database Syst Rev 2013; Mar 28; 3: CD009601 <http://www.ncbi.nlm.nih.gov/pubmed/23543580>.

Decision rationale: The MTUS/ACOEM and the Official Disability Guidelines do not comment on the use of Extracorporeal Shock Wave Therapy for carpal tunnel syndrome. The Cochrane Database, cited above, provides the following review of this treatment modality. The authors of this study assessed the effects of therapeutic ultrasound compared with no treatment, placebo or another non-surgical intervention in people with carpal tunnel syndrome. They searched for randomized controlled trials that met the inclusion criteria. There were 11 published studies with 414 participants overall. They found that there is only poor quality evidence from very limited data to suggest that therapeutic ultrasound may be more effective than placebo for either short-term or long-term symptom improvement in patients with carpal tunnel syndrome. More methodologically rigorous studies were needed to address whether this is an effective intervention. At this time, shock-wave therapy to the right wrist for carpal tunnel syndrome is not medically necessary, as there is insufficient evidence to support the use.