

Case Number:	CM14-0123916		
Date Assigned:	08/08/2014	Date of Injury:	06/06/2013
Decision Date:	10/24/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old female who reported injury on 06/06/2013 is due to repetitious of her customary duties as a CNA. The injured worker has a diagnosis of sprain and neck. Past medical treatments consists of acupuncture, physical therapy, the use of wrist brace, injections, and medication therapy. Medications consist of ibuprofen. The injured worker has undergone EMGs and x-rays. On 06/24/2014, the injured worker complained of bilateral wrist and neck pain. It was noted on physical examination that the injured worker had a pain rated 5/10 to 6/10. On examination of the upper extremities, range of motion at the wrist joint was painful at the end of range of motion for flexion and extension, there was no swelling noted at the wrist. Tenderness was noted over flexor aspect of the wrist. Phalen's test was positive. Range of motion of the cervical spine revealed to be normal. There was no pain reported on active range of motion at the cervical spine. No tenderness was noted at the spinous process of the cervical spine. Manual muscle strength testing revealed strength in range of 5/5 in all muscle groups tested in both upper extremities. Deep tendon reflexes were symmetrical. Sensation to pinprick was intact. Sensation to touch was decreased over the third and fourth digits of the right hand. Medical treatment plan is for the injured worker to have use of extracorporeal shockwave therapy unit. The provider feels that the unit will help with pain management for the injured worker. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy to the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Medical Policy SURG.00045 Extracorporeal Shock Wave Therapy for Orthopedic Conditions

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Shoulder Complaints, page(s) 201-205.

Decision rationale: The request for extracorporeal shockwave therapy to the left wrist is not medically necessary. ACOEM/MTUS notes some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shockwave therapy for calcifying tendinitis of the wrist. Initial use of less invasive techniques provides an opportunity for the clinician to monitor progress before referral to a specialist. The submitted documentation lacked an indication of information on physical examination. There is a lack of documentation of other treatments that the injured worker underwent previously and the measurement of progress with prior treatments. The documentation was also unclear as to how the ESWT would provide the injured worker with functional improvement. Given the above, the injured worker is not within the ACOEM/MTUS recommended guidelines. As such, the request is not medically necessary.