

<b>Case Number:</b>	CM14-0126988		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 & 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 41-year-old male who reported injury on 03/26/2014. The mechanism of injury was the injured worker's hand got caught in a conveyor belt. The injured worker underwent x-rays of the right wrist, right elbow, and right hand. The surgical history was not provided. The documentation of 07/16/2014 revealed the injured worker had right forearm pain coming from the wrist and radiating up to the medial aspect of the elbow. The documentation indicated the diagnoses included right wrist and right hand contusion with a history of a right distal ulnar fracture with carpal tunnel syndrome, and de Quervain's tenosynovitis, a healed left triquetrum avulsion fracture, and right forearm and shoulder sprain and strain. The injured worker had persistent numbness and tingling in the right hand. The request was made for an EMG, psychiatrist and psychologist. The medications were noted to include Norco 5/325 mg, gabapentin/keto/lido topical cream, and Naproxen 550 mg, and durable medical equipment, including a wrist brace. There was a request for physical therapy and acupuncture and an injection to the first dorsal compartment. The injured worker had tenderness to palpation over the TFCC. Additional treatment included extracorporeal shockwave therapy. There was no documented rationale to support the requests. There was no Request for Authorization submitted to support the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy sessions to the right wrist/thumb: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wang, Ching-Jen. "Extracorporeal Shockwave Therapy in Musculoskeletal Disorders" and Journal of Orthopaedic Surgery and Research 7.1 (2012): 1-8.

**Decision rationale:** Per Wang, Ching-Jen (2012), "The application of extracorporeal shockwave therapy (ESWT) in musculoskeletal disorders has been around for more than a decade and is primarily used in the treatment of sports related over-use tendinopathies such as proximal plantar fasciitis of the heel, lateral epicondylitis of the elbow, calcific or non-calcific tendonitis of the shoulder and patellar tendinopathy etc." The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to the recommended guidelines. The request as submitted failed to indicate the quantity of sessions being request. Given the above, the request for extracorporeal shockwave therapy sessions to the right wrist and thumb is not medically necessary.

**Norco 5/325mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60;78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide the duration of use. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for Norco 5/325 mg #60 with 1 refill is not medically.