

<b>Case Number:</b>	CM14-0058529		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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. 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: Massachusetts

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 43-year-old male who reported an industrial injury on 6/22/2011. His diagnoses, and/or impressions, are noted to include: left wrist /forearm sprain/strain with pain, and left wrist ganglion cyst. No current imaging studies are noted. His treatments have included an agreed medical evaluation on 2/19/2014, and a functional capacity assessment on 3/19/2014; medication management with urine toxicology screenings; and rest from work. The progress notes of 3/17/2015 reported frequent left wrist and forearm pain/burning/cramping/tingling, that is increased by activities; and worsening hand pain at the cyst. The objective findings were noted to include tenderness to palpation with limited and painful range-of-motion, and positive orthopedic evaluation of the left wrist/forearm; positive neurological findings and swelling in the left upper extremity; large left wrist ganglion cyst, "3T wax/wane size", with positive left wrist ganglion cyst, positive Tinel's and Phalen's tests; and left cubital tunnel and carpal tunnel with re-production of pain throughout the arm, to the neck. The physician's requests for treatments were noted to include shockwave therapy for the left wrist and hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave Therapy to the Left Wrist (6-sessions, once a week for 6-weeks): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Management of Chronic Tendon Injuries.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT) (2) Elbow (Acute & Chronic), Extracorporeal shockwave therapy (ESWT).

**Decision rationale:** The claimant sustained a work injury in June 2011 and he continues to be treated for left wrist pain. When seen, there was wrist tenderness with decreased and painful range of motion. There was decreased sensation. There was a large ganglion cyst over the median nerve. Tinel's and Phalen's testing was positive. Authorization for shockwave treatments was requested. In the upper extremity, extracorporeal shock wave therapy (ESWT) can be recommended for calcifying tendinitis of the shoulder or lateral epicondylitis. In this case, neither condition is present. Applying shock waves over a cyst already causing median nerve compression would potentially cause damage to the nerve. The request is not appropriate or medically necessary.