

Case Number:	CM15-0010560		
Date Assigned:	01/28/2015	Date of Injury:	04/30/2013
Decision Date:	03/23/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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

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 female, who sustained an industrial injury on 4/30/13. On 1/20/15, the injured worker submitted an application for IMR for review of 12 Sessions of extracorporeal shockwave therapy for the bilateral wrist. The treating provider has reported the injured worker complained of constant moderate to severe pain bilateral upper extremities. The documentation notes medications offer temporary relief of pain and improve the ability to have restful sleep. The diagnoses have included joint derangement NOS - other joint; mild right-sided residual carpal tunnel syndrome, radial styloid tenosynovitis (de Quervain), bilateral wrist. Treatment to date has included left wrist MRI, EMG/NCS bilateral upper extremities (7/29/14), status post bilateral carpal tunnel releases, bracing, physical therapy, acupuncture and medications. On 12/22/14 Utilization Review non-certified 12 Sessions of extracorporeal shockwave therapy for the bilateral wrist. The MTUS, ACOEM Guidelines or ODG do not address extracorporeal shockwave therapy for wrists, so Aetna Clinical Policy Bulletin titled "Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries" Number 0649 were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of extracorporeal shockwave therapy for the bilateral wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd edition, Official Disability Guidelines (ODG) forearm, wrist and hand chapter, Aetna

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Extracorporeal shockwave therapy (ESWT) chapter 'Elbow, Hand & Wrist' and topic 'Extracorporeal shockwave therapy (ESWT)'

Decision rationale: The patient presents with constant, moderate to severe bilateral wrist pain, rated at 4-5/10, as per progress report dated 12/04/14. The request is for 12 SESSIONS OF EXTRACORPOREAL SHOCKWAVE THERAPY FOR THE BILATERAL WRIST. There is no RFA for this case, and the patient's date of injury is 04/30/13. The patient is status post left carpal tunnel release on 09/16/13, and status post right carpal tunnel release in December 2013, as per AME report dated 08/19/14. Diagnoses, as per progress report dated 12/04/14, also included radial styloid tenosynovitis of bilateral wrist and bilateral wrist internal derangement. MRI of the right wrist on 07/29/14, as reviewed in AME report dated 08/19/14, revealed early degenerative changes, possible ulnolunate abutment, small central tear within central portion of TFCC, mild ulnar minus variance, and minimal tenosynovitis of second extensor compartment tendons. MRI of the left wrist on 07/29/14, as reviewed in AME report dated 08/19/14, revealed early degenerative changes, possible ulnolunate abutment, small central perforation within the TFCC, and mild ulnar minus variance. The patient is off work and temporarily totally disabled, as per progress report dated 12/04/14. ODG Guidelines, Shoulder (Acute & Chronic), Extracorporeal shockwave therapy (ESWT) states that ESWT is recommended for "Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment." Regarding Extracorporeal shock-wave therapy in chapter 'Elbow, Hand & Wrist' and topic 'Extracorporeal shockwave therapy (ESWT)', ODG guidelines state that it is recommended for "Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment." In this case, the patient suffers from bilateral wrist pain. In progress report dated 11/06/14, the treater recommends 3 sessions of shockwave therapy to bilateral wrists. In progress report dated 12/04/14, the treater states that the patient should "continue the course of shockwave therapy." A shockwave therapy procedure report dated 12/17/14 has also been provided for review. While MTUS and ACOEM guidelines do not discuss shockwave therapy, ODG guidelines do not indicate it for wrist conditions. Hence, this request IS NOT medically necessary.