

Case Number:	CM15-0017222		
Date Assigned:	02/03/2015	Date of Injury:	05/08/2008
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 61 year old male, who sustained an industrial injury on 05/08/2008. He has reported right hand pain. The diagnoses have included right hand strain, thumb pain, post-trigger right finger surgery, and chronic pain syndrome. Treatment to date has included medications, percutaneous electrical nerve stimulation (PENS), and surgical intervention. Medications have included Tramadol and Omeprazole. Currently, the IW complains of constant right hand pain and weakness; and difficulty gripping and opening jars and doors. A progress note from the treating physician, dated 12/16/2014, reported objective findings to include light touch sensation to the right dorsal thumb web is diminished; and the right index tip and right small tip are intact. The treatment plan included request for extracorporeal shock wave therapy. On 01/07/2015 Utilization Review non-certified an Extracorporeal shock-wave therapy 1x a week for 3 weeks for the right hand. Non-MTUS, ACOEM Guidelines were cited. On 01/15/2015, the injured worker submitted an application for IMR for review of an Extracorporeal shock-wave therapy 1x a week for 3 weeks for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorpeal shock-wave therapy 1x a week for 3 weeks for the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Elbow & Shoulder & Ankle Aetna Clinical Policy Bulletin: Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries

Decision rationale: Extracorporeal shock-wave therapy 1x a week for 3 weeks for the right hand is not medically necessary per the MTUS and the ODG Guidelines as well as a review of Aetna Clinical Policy Bulletin. The ODG states that ESWT Extracorporeal shock-wave therapy) is recommended for calcifying tendinitis but not for other shoulder disorders. The MTUS states that there is limited evidence exists regarding extracorporeal shock wave therapy(ESWT) in treating plantar fasciitis to reduce pain and improve function. A review online of Aetna clinical policy states that Aetna considers extracorporeal shock-wave therapy (ESWT) medically necessary for calcific tendinopathy of the shoulder of at least 6 months' duration with calcium deposit of 1 cm or greater, and who have failed to respond to appropriate conservative therapies (e.g., rest, ice application, and medications). The request for ESWT for the hand is not medically necessary. There is no evidence in the literature to support the use of this procedure for the hand. There are no extenuating factors in the documentation that would require going against the guideline recommendations therefore this request is not medically necessary.