

Case Number:	CM15-0017351		
Date Assigned:	02/05/2015	Date of Injury:	07/14/2012
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/29/2015

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 38-year-old female who reported an injury on 07/14/2012. The mechanism of injury involved a fall. The injured worker is currently diagnosed with lumbar spine herniated nucleus pulposus and right wrist sprain. The injured worker presented on 09/26/2014 for a followup orthopedic evaluation. The injured worker reported mild improvement in low back pain. Upon examination, there was diminished range of motion of the lumbar spine and the bilateral wrists. Recommendations included a pain management referral, a urinalysis, and shockwave therapy. A Request for Authorization form was then submitted on 09/26/2014 for a urinalysis, orthopedic shockwave for the right wrist, a followup in 4 weeks, a pain management consultation, and topical compounded creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho shockwave therapy for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physical modalities such as massage, diathermy, cutaneous laser treatment, cold laser treatment, TENS therapy, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. There are no guideline recommendations for the use of extracorporeal shockwave therapy for the wrist. There was no documentation of a musculoskeletal or neurological deficit upon examination. Given the above, the medical necessity has not been established in this case. As such, the request is not medically appropriate at this time.