

Case Number:	CM15-0017863		
Date Assigned:	02/05/2015	Date of Injury:	11/01/2013
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/30/2015

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 27 year old male, who sustained an industrial injury on November 1, 2013. He has reported a right displaced radial fracture, which occurred during a fall from a ladder. The diagnoses have included fracture of the ulna and radius. Treatment to date has included open reduction/internal fixation to the distal radius. Currently, the injured worker complains of pain in the right wrist and hand. The injured worker reported a decrease in range of motion of the right wrist and tenderness over the right radial styloid, central dorsal carpi, flexor carpi radialis, palmaris longus and flexor carpi ulnaris. There was tenderness at the distal pole of the right scaphoid. On January 15, 2015, Utilization Review non-certified a request for extracorporeal shockwave therapy for the right wrist, noting that there was a lack of documentation of exceptional factors to warrant a necessity for extracorporeal shockwave therapy and the request failed to indicate the quantity of sessions requested. Non-MTUS references were cited. On January 30, 2015, the injured worker submitted an application for IMR for review of extracorporeal shockwave therapy for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wang, Ching-Jen "Extracorporeal shockwave therapy in musculoskeletal disorders." Journal of orthopaedic surgery and research 7.1

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

Decision rationale: Based on the 11/18/14 progress report provided by treating physician, the patient presents with right wrist pain rated 4/10. The request is for EXTRACORPOREAL SHOCK WAVE THERAPY FOR THE RIGHT WRIST. Patient's diagnosis per Request for Authorization form dated 01/06/15 includes ulnar styloid fracture. Per diagnosis on 11/18/14, patient is status post open reduction and internal fixation distal radius status post pinning. Patient is prescribed Motrin. The patient is temporarily totally disabled, per treater report dated 11/18/14. 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." Treater has not provided reason for the request. In this case, the patient suffers from right wrist pain. While MTUS and ACOEM guidelines do not discuss shockwave therapy, ODG guidelines do not indicate it for wrist conditions. Therefore, the request IS NOT medically necessary.