

Case Number:	CM15-0112654		
Date Assigned:	06/19/2015	Date of Injury:	08/18/2014
Decision Date:	07/17/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 32-year-old, male who sustained a work related injury on 8/18/14. He was busy untying a compressor that was lifted up with a forklift when his coworker began to operate the forklift and brought down the compressor striking him on his head, neck, back, left shoulder and left side when he turned to his left side. The diagnoses have included left hand strain/sprain and left wrist carpal tunnel syndrome. Treatments have included chiropractic treatments, Extracorporeal Shockwave treatments, acupuncture, topical medicated creams and oral medications. In the PR-2 dated 4/6/15, the injured worker complains of pain and numbness in the left hand/wrist. He complains of increased left hand numbness and tingling. He rates his pain level a 7/10, up from 6/10 on the last visit. He has tenderness to palpation in left wrist and hand. The treatment plan includes a referral for Extracorporeal Shockwave therapy to left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy for the left wrist, frequency and duration unspecified:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Extracorporeal Shock Wave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG shoulder, pg 15 ODG- elbow pg 12 Interqual criteria.

Decision rationale: According to the referenced guidelines, ESWT is indicated for epicondylitis, tendinitis and plantar fasciitis. The guidelines do not specify ESWT for the wrist. In this case, the claimant has carpal tunnel on a prior EMG and currently diagnosed with wrist strain. The tenderness symptoms are also not an indication for ESWT. The request for ESWT for the wrist is not substantiated and not medically necessary.

Chiropractic treatment, frequency and duration unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic treatment for neck or low back pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the response to an initial 6 sessions is unknown. The request was for 12 sessions of chiropractor therapy is not substantiated and not medically necessary.