

Case Number:	CM15-0127270		
Date Assigned:	07/13/2015	Date of Injury:	09/13/2012
Decision Date:	08/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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 59-year-old male who sustained an industrial injury on 9/13/2012 resulting in right wrist weakness and radiating pain, numbing, and tingling. He was diagnosed with radial styloid tenosynovitis and right wrist osteosclerosis. Treatment has included cortisone injection, physical therapy, acupuncture and, oral and topical medication. He has reported some pain relief from use of medication. The injured worker continues to present with right wrist radiating pain, numbness and tingling. The treating physician's plan of care includes extracorporeal shockwave therapy to the right wrist. He is currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy to right wrist Qty: 12.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Elbow, Hand & Wrist' Chapter under 'Extracorporeal shockwave therapy (ESWT).

Decision rationale: Based on the 07/31/14 sole progress report provided by treating physician, the patient presents with right wrist pain. The request is for Extracorporeal Shockwave Therapy To Right Wrist Qty: 12.00. RFA with the request not provided. Patient's diagnosis on 07/31/14 included right wrist de Quervain's tenosynovitis, rule out triangular fibrocartilage complex tear, and right wrist osteosclerosis. Physical examination of the right wrist on 07/31/14 revealed tenderness to palpation at the triangular fibrocartilage complex, carpal bones, and first dorsal extensor muscle compartment. Range of motion restricted in all planes. Positive Finkelstein's and TFCC load tests. Treatment to date has included cortisone injection, physical therapy, acupuncture, electroencephalogram, and medications. Patient's medications include Sertraline, Prazosin, and Advair. Treater has applied for extension of temporary total disability, per 07/31/14 report. ODG Guidelines, 'Elbow, Hand & Wrist' Chapter under 'Extracorporeal shockwave therapy (ESWT) states that it is recommended for "Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment." Per 07/31/14 report, treater has recommended ESWT for the right wrist without providing medical rationale 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 Extracorporeal shockwave therapy for wrist conditions. Therefore, the request is not medically necessary.