

<b>Case Number:</b>	CM15-0127525		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	11/06/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

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

### 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 29 year old female, who sustained an industrial injury on 11/06/2014. She reported fracture and dislocation of the left fifth finger. Diagnoses include severe left finger fracture dislocation, PIP joint, status post surgical repair with wire fixation and pinning. Treatments to date include anti-inflammatory and physical therapy. Currently, she complained of finger pain. On 5/20/15, the physical examination documented limited and painful range of motion. The plan of care included six shockwave therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy x 6, left hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Extracorporeal shock wave therapy (ESWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jeon JH, Jung YJ, Lee JY, et al. The Effect of Extracorporeal Shock Wave Therapy on Myofascial Pain Syndrome. Annals of Rehabilitation Medicine. 2012;36 (5):665-674.

**Decision rationale:** The claimant sustained a fracture with dislocation of the left fifth finger in November 2014 and is being treated for ongoing pain. When seen, there was decreased and painful left finger and wrist range of motion with trigger points. Treatments have included occupational therapy. In terms of shockwave therapy for myofascial pain, there are other conventional treatments such as use of TENS or trigger point injections that are equally effective in providing pain relief and improved range of motion. Shockwave therapy is considered an option in treating calcifying tendinitis of the shoulder or chronic lateral epicondylitis of the elbow. The requested shockwave therapy for the left hand was not medically necessary.