

Case Number:	CM15-0174365		
Date Assigned:	09/16/2015	Date of Injury:	10/04/2014
Decision Date:	10/16/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 19 year old female with an industrial injury dated 10-04-2014. Medical record review indicates she is being treated for left wrist pain, rule out carpal tunnel syndrome and rule out left wrist De Quervain's tenosynovitis. She presents on 06-16-2015 with burning left wrist pain and muscle spasms. Her pain is documented as constant and, "moderate to severe." The pain is rated as 5 out of 10 on a pain analog scale. Other documented complaints were weakness, numbness, tingling and pain radiating to the hand and fingers. The provider documented the injured worker stated that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. Range of motion of the left wrist is as follows: Flexion 50 degree, extension 55 degree, radial deviation 15 degree, ulnar deviation 15 degree. Tinel's Phalen's and Finkelstein's tests were positive. Sensation to pinprick and light touch was diminished over the cervical 5 through cervical 8 and thoracic 1 dermatomes in the left upper extremity. Motor strength is 4 out of 5 in all the represented muscle groups in the left upper extremity. Deep tendon reflexes were two plus and symmetrical in the bilateral upper extremities. The treatment plan consisted of continuing with the course of acupuncture treatment, continuing the course of physical therapy and continuing the course of shockwave therapy and medications. Diagnostics included nerve conduction studies with the following findings: (05-04-2015.) Sensory nerve findings, normal study of sensory nerve action potential of bilateral median, bilateral radial and bilateral ulnar sensory nerves, motor nerve findings, normal study of compound motor action potential of bilateral median, bilateral ulnar and bilateral radial motor nerves. Electromyography findings: Normal nerve conduction study of the bilateral upper extremities, normal electromyography. Prior treatment included acupuncture, physical therapy, TENS unit and topical medications. The treatment request is for 3 visits of shockwave therapy left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Visits of Shockwave Therapy Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, under Extracorporeal Shockwave Therapy.

Decision rationale: This claimant was injured in 2014. Medical record review indicates she is being treated for left wrist pain, rule out carpal tunnel syndrome and rule out left wrist De Quervain's tenosynovitis. Prior treatment included acupuncture, physical therapy, TENS unit and topical medications. The treatment request is for 3 visits of shockwave therapy left wrist. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is silent in regards to shockwave therapy to the wrist, however, does address it in the Elbow section. The guide notes: Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. Given the adverse evidentiary support for the procedure to this region, the request is not medically necessary.