

Case Number:	CM15-0179432		
Date Assigned:	09/21/2015	Date of Injury:	10/19/2013
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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: California
 Certification(s)/Specialty: Emergency 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 52 year old male, who sustained an industrial injury on 10-19-2013. Medical records indicate the worker is undergoing treatment for lumbar radiculitis, cervical sprain-strain with neuralgia, left carpal tunnel syndrome and sleep-depressive disorder. A recent progress report dated 7-14-2015, reported no subjective complaints and no objective findings. A progress note from 6-3-2015 noted the injured worker presented with complaints of severe neck and low back pain. The progress report from 6-9-2015 noted the injured worker complained of neck pain radiating to the lower back rated 8 out of 10, low back pain rated 9 out of 10 and left wrist and hand pain rated 8 out of 10. Physical examination revealed cervical pain and tenderness, lumbar tenderness with positive straight leg raise test and left wrist and hand pain and tenderness. Treatment to date has included extra-corporeal shock wave therapy, acupuncture, physical therapy and medication management. The physician is requesting 12 sessions of extra-corporeal shock wave therapy. On 8-12-2015, the Utilization Review noncertified the request for 12 sessions of extra-corporeal shock wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of extra-corporeal shock wave therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, hand and Forearm: Ultrasound (therapeutic).

Decision rationale: This request was requested for unknown body part. Review of records show that the request is for the wrist and will be reviewed as such. MTUS ACOEM guidelines only states that ultrasound has minimal short term improvement based on limited evidence. For more information, Official Disability Guidelines were used. ODG does not recommend therapeutic ultrasound for wrist. There is no noted benefit from review of evidence. There is no evidence to support extracorporeal shockwave for the wrist. The request is not medically necessary.