

<b>Case Number:</b>	CM15-0079031		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	06/13/2001
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 60-year-old female, who sustained an industrial injury on 06/13/2001. She reported an injury to the left arm, hand, and wrist secondary to long-term effects of computer data entry. The injured worker was diagnosed as having cervical radiculopathy, cervical sprain/strain, right carpal tunnel syndrome, left carpal tunnel syndrome, and left elbow pain status post lateral epicondylar release. Treatment to date has included acupuncture, medication regimen, above listed procedure, and upper extremity electromyogram with nerve conduction study. In a progress note dated 01/26/2015 the treating physician reports complaints of pain to the neck, left elbow, right wrist, and left wrist along with complaints of tenderness upon palpation and muscle spasms to the cervical paravertebral muscles. The treating physician also noted tenderness to the left elbow and the bilateral wrists. The documentation provided did not contain the requests for extracorporeal shockwave therapy, trigger point impedance imaging, and localized intense neurostimulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Extracorporeal Shockwave Therapy Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Extracorporeal shockwave therapy.

**Decision rationale:** Pursuant to the Official Disability Guidelines, unknown extracorporeal shock wave therapy visits is not medically necessary. Extracorporeal shock wave therapy (ESWT) is indicated for calcified tendinitis but not other shoulder disorders. The criteria include pain from by someone calcified tendinitis of the shoulder despite six months of standard treatment. At least three conservative treatments have been performed prior to use ESWT; rest, ice, nonsteroidal anti-inflammatory drugs, orthotics, physical therapy, injections; maximum of three therapy sessions over three weeks. There are no known sources of evidence-based medicine for treatment of the patient's neck and wrist complaints with ESWT. In this case, the injured worker's working diagnoses are cervical radiculopathy; cervical sprain/strain; status post surgery, left elbow; right carpal tunnel syndrome; and left carpal syndrome. The injured worker is scheduled for a left carpal tunnel release procedure on February 25, 2015. The treatment plan consists of the surgical procedure and follow-up with an orthopedic surgeon. There is no documentation for extracorporeal shock wave therapy documented in the medical record. ESWT is indicated for calcified tendinitis of the shoulder. There are no known sources of evidence-based medicine for treatment of the patient's neck and wrist complaints with ESWT. Constantly, absent clinical guidelines for ESWT application to a wrist disorder and an absent clinical indication and rationale in the progress note dated January 26, 2015, unknown extracorporeal shock wave therapy visits is not medically necessary.

**Unknown Trigger Point Impedance Imaging:** 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) Low back section, Trigger point impedance imaging.

**Decision rationale:** Pursuant to the Official Disability Guidelines, unknown trigger point impedance imaging is not medically necessary. Trigger point impedance imaging (Hyper stimulation analgesia) is not recommended until there are higher quality studies. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are cervical radiculopathy; cervical sprain/strain; status post surgery, left elbow; right carpal tunnel syndrome; and left carpal syndrome. The injured worker is scheduled for a left carpal tunnel release procedure on February 25, 2015. The treatment plan consists of the surgical procedure and follow-up with an orthopedic surgeon. There is no documentation in the medical record under the treatment plan for trigger point impedance imaging. There is no clinical indication or rationale in the medical record. Additionally, trigger point impedance imaging is not recommended according to the guidelines. Consequently, absent clinical documentation with a

clinical indication and rationale for trigger point impedance imaging and non-recommendations according to the guidelines, unknown trigger point impedance imaging is not medically necessary.

**Unknown Localized Intense Neurostimulation Therapy:** 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) Low back section, Localized intense neurostimulation.

**Decision rationale:** Pursuant to the Official Disability Guidelines, unknown localized intense neurostimulation therapy is not medically necessary. Localized intense neurostimulation therapy (Hyperstimulation analgesia) is not recommended until there are higher quality studies. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are cervical radiculopathy; cervical sprain/strain; status post surgery, left elbow; right carpal tunnel syndrome; and left carpal syndrome. The injured worker is scheduled for a left carpal tunnel release procedure on February 25, 2015. The treatment plan consists of the surgical procedure and follow-up with an orthopedic surgeon. There is no documentation in the medical record under the treatment plan for localized intense neurostimulation therapy. Additionally, localized intense neurostimulation therapy is not recommended pursuant to the guidelines. Consequently, absent clinical documentation with a clinical indication and rationale for localized intense neurostimulation therapy and non-recommendations according to the guidelines, unknown or unknown localized intense neurostimulation therapy is not medically necessary.