

Case Number:	CM13-0055676		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2011
Decision Date:	06/16/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in California and Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 28 year old female who reported an injury to her right wrist and forearm. The injured worker was identified as undergoing carpal tunnel release on the right on 9/11/12. A clinical note dated 9/25/13 indicated that the injured worker continued to experience right sided carpal tunnel syndrome symptoms. The injured worker also reported pain at the right elbow at the medial epicondyle. The injured worker previously utilized paraffin baths. The injured worker underwent 40 physical therapy sessions and five chiropractic treatments in the past. An orthopedic consultation dated 5/17/13 indicated that the injured worker reported continuous repetitive motions as leading to carpal tunnel syndrome symptoms. An MRI of the right wrist dated 7/22/13 revealed subchondral cyst formation at lunate, the triquetrum and the capitate. Small effusion was identified at the radial ulnar joint. An operative report dated 5/20/13 indicated that the injured worker was undergoing arthroscopic debridement of subacromial space and lysis of adhesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY TO THE RIGHT WRIST/FOREARM 3 TIMES (3 PER DIAGNOSIS 1 TREATMENT EVERY 2 WEEKS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The clinical documentation indicates that the injured worker complains of carpal tunnel syndrome-like symptoms in the right wrist despite a previous carpal tunnel release. However, no high quality studies exist supporting the use of extracorporeal shockwave therapy at the wrist. Given this, the request is not medically necessary.

PARAFFIN BATH FOR HOME USE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The clinical documentation indicates that the injured worker previously underwent paraffin baths to address the right wrist complaints. Continued treatments would be indicated provided that the injured worker meets specific criteria, including an objective functional improvement as direct result of the use of paraffin. No objective clinical data was submitted confirming a positive response. Given this, the request is not indicated as medically necessary.