

Case Number:	CM14-0103915		
Date Assigned:	07/30/2014	Date of Injury:	08/01/2013
Decision Date:	09/30/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This is a 32 year old female with a 8/1/13 injury date. She injured her left arm and hand while raising her arm to protect herself from a falling shelf. In an orthopedic follow-up on 6/4/14, subjective complaints were burning neck pain, burning bilateral shoulder pain, and burning left wrist/hand pain. The medications give her temporary relief. Objective findings were tenderness in the cervical spine, shoulders, and left wrist. There was decreased left wrist range of motion with 4/5 strength with wrist flexion and extension. Sensation was slightly diminished in the left hand with light touch. An MRI of the left wrist on 1/15/14 was negative. Diagnostic impression: left wrist/hand tendonitis, left shoulder strain. Treatment to date: medications, physical therapy, TENS unit, acupuncture. A UR decision on 6/26/14 denied the request for left wrist/shoulder shockwave therapy on the basis that evidence-based guidelines do not support its use except for calcific tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock wave therapy to the left shoulder and left wrist 1 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter.

Decision rationale: CA MTUS states that physical modalities, such as ultrasound treatment, are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral; with high energy extracorporeal shock wave therapy recommended for calcifying tendinitis of the shoulder. ODG criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment; 2) At least three conservative treatments have been performed prior to use of ESWT. There is no evidence available that supports ESWT in hand/wrist disorders. In the present case, there is no evidence that suggests that the patient has left shoulder calcific tendonitis. It is also not clear from the documentation that prior treatments have failed. Therefore, the request for shock wave therapy to the left shoulder and left wrist 1 x 3 is not medically necessary.