

<b>Case Number:</b>	CM14-0142368		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/11/2008
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 & 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 67 year-old patient sustained an injury on 11/11/08 while employed by [REDACTED]. Request(s) under consideration include 12 extracorporeal shockwave therapy sessions. Diagnoses included right wrist TFCC tear/ right wrist osteoarthritis; lumbago/ lumbar spine HNP/ radiculopathy; and s/p right THR with residual pain. Report of 3/28/14 from the provider noted the patient with right wrist pain rated at 7-8/10 with associated weakness, numbness, tingling radiating to hand/fingers. Exam showed right wrist with tenderness at TFCC, limited range, positive load test, diffuse 4/5 motor weakness in all upper extremities; limited range; positive SLR at 30 degrees; hip tenderness at greater trochanter; limited range; 3/5 in right lower extremity; 4/5 in left lower extremity; DTRs 2+ symmetrical. lumbar spine with limited range; Report of 6/27/14 from the provider noted patient with chronic ongoing low back, right hip, and right wrist pain. Pain in wrist was rated at 7-8/10, low back at 8-9/10 and hip pain at 6/10. Exam showed low back, right wrist, and right hip with decreased range in all directions; positive TFCC load test, diffuse decreased strength in bilateral upper and lower extremities, positive SLR bilaterally, positive Patrick's and Bowstring's; decreased sensation at L4, L5, and S1 dermatomes. Medications list Deprizine, Dicoponal, Fanatrex, Synapryn, Toradol, Capsaicin, Flurbiprofen, Tramadol, and Menthol. The request(s) for 12 extracorporeal shockwave therapy sessions was non-certified on 8/12/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 extracorporeal shockwave therapy sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal Shockwave Therapy (ESWT) pages 112-113; Extracorporeal Shock Wave Therapy (ESWT) page 303

**Decision rationale:** This 67 year-old patient sustained an injury on 11/11/08 while employed by [REDACTED]. Request(s) under consideration include 12 extracorporeal shockwave therapy sessions. Diagnoses included right wrist TFCC tear/ right wrist osteoarthritis; lumbago/ lumbar spine HNP/ radiculopathy; and s/p right THR with residual pain. Report of 3/28/14 from the provider noted the patient with right wrist pain rated at 7-8/10 with associated weakness, numbness, tingling radiating to hand/fingers. Exam showed right wrist with tenderness at TFCC, limited range, positive load test, diffuse 4/5 motor weakness in all upper extremities; limited range; positive SLR at 30 degrees; hip tenderness at greater trochanter; limited range; 3/5 in right lower extremity; 4/5 in left lower extremity; DTRs 2+ symmetrical. lumbar spine with limited range; Report of 6/27/14 from the provider noted patient with chronic ongoing low back, right hip, and right wrist pain. Pain in wrist was rated at 7-8/10, low back at 8-9/10 and hip pain at 6/10. Exam showed low back, right wrist, and right hip with decreased range in all directions; positive TFCC load test, diffuse decreased strength in bilateral upper and lower extremities, positive SLR bilaterally, positive Patrick's and Bowstring's; decreased sensation at L4, L5, and S1 dermatomes. Medications list Deprizine, Dicoponal, Fanatrex, Synapryn, Toradol, Capsaicin, Flurbiprofen, Tramadol, and menthol. The request(s) for 12 extracorporeal shockwave therapy sessions was non-certified on 8/12/14. Report from the provider does not specify frequency or duration of ESWT or specific indication. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic non-unions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amendable to ECSW treatment for the listed diagnoses involving the wrist OA/ TFCC tear; right hip pain or lumbar radiculopathy/ lumbago. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The 12 extracorporeal shockwave therapy sessions is not medically necessary and appropriate.