

<b>Case Number:</b>	CM13-0071796		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Occupational Medicine 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 56 year old male who has reported right wrist and hand symptoms attributed to an injury on 04/22/2009. He has been diagnosed with carpal tunnel syndrome and trigger fingers, and has had surgeries for both of these conditions. Per the chiropractic evaluation of 10/29/13 and 12/3/2013, there was pain in the right hand with weakness and paresthesias. Pain was also present throughout most of the rest of the body. Among the many diagnoses were sprain/strain of the wrists and hands. The treatment plan included shockwave therapy on the right wrist and hand, once per week for 3 weeks. No medical evidence was provided in support of this treatment. On 12/17/13 Utilization Review non-certified shockwave therapy, noting the lack of medical evidence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SHOCKWAVE THERAPY 1X3 TO RIGHT WRIST AND HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Anthem Medical Policy, Extracorporeal Shock Wave Therapy for Orthopedic Conditions.

**Decision rationale:** The MTUS does not address shock wave lithotripsy. The Anthem policy above is a nationally-recognized, evidence based policy with several pages of literature citations and an in-depth analysis of medical necessity. Per this policy statement, good evidence is lacking and ECSWT is not recommended for orthopedic conditions, including the wrist conditions present in this case. Based on lack of medical evidence, the requested shock wave therapy is not medically necessary.