

<b>Case Number:</b>	CM13-0003788		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 female sustained an injury on 1/28/13 while employed by the [REDACTED]. Request under consideration include 1 ESWT shockwave treatment. A report of 5/20/13 from [REDACTED] indicates that the patient complained of numbness into her left thumb and fingers with difficulty grooming, dressing, and overhead activities. Exam showed thrombotic thrombocytopenic purpura (TTP) at medial and lateral epicondyles and flexor and extensor muscles groups; positive Tinel's, reverse Cozen's, and impingement of left shoulder with TTP over supraspinatus tendon, AC, subacromial and anterior capsule. Diagnoses included mild compression of ulnar nerve shown on ultrasound of 5/15/13; left shoulder strain/impingement; left elbow lateral epicondylitis, bilateral wrist sprain, supraspinatus tear/retracted; and subacromial bursitis. The patient did not improve with chiropractic treatment for her left elbow and shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 ESWT Shockwave Treatment:** 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 section on extracorporeal shock wave therapy.

**Decision rationale:** The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis and do not recommend the treatment for elbow strain/sprain or epicondylitis as long-term effectiveness has not been evident. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ESWT treatment. The 1 ESWT shockwave treatment is not medically necessary and appropriate.