MAXIMUS Federal Services

Case Number:	CM13-0007627		
Date Assigned:	01/03/2014	Date of Injury:	05/25/2010
Decision Date:	08/15/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Internal Medicine and is licensed to practice in Arizona. 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 patient is a 40-year-old male police officer with a date of injury on May 25, 2010. He had multiple physical activities with repetitive movements that caused pain to his elbows, initially to the left elbow and later to the right elbow. He was diagnosed with right sided lateral and medial epicondylitis for which he reportedly had some success with Extracorporeal Shockwave Therapy (ESWT). He later developed left sided lateral and medial epicondylitis which is thought to be secondary to overcompensation from his right elbow pain. The patient had a right elbow MRI in March 2011 and in March 2013 which showed a partial tear/tendinosis involving the common extensor tendon at its proximal attachment. An electromyography (EMG) performed in February 2012 did not reveal any ulnar abnormality. An MRI of the right elbow in March 2013 showed a partial tearing of the common extensor tendon, with subluxation of the ulnar nerve suggesting possible neuritis. EMG's of both elbows in March 2013 did not reveal ulnar abnormalities. He has tried non-steroidal anti-inflammatory drugs (NSAIDs), cortisone injections, physical therapy, and ice and activity modification; none offering significant improvement. A request was thus placed for ESWT to the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) FOR THE LEFT ELBOW:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: The MTUS recommends against using extracorporeal shockwave therapy (ESWT) for elbow pain. They referenced 10 studies, two of which were high quality, which showed no meaningful improvement relative to forearm-stretching alone. Besides showing no efficacy, ESWT is moderately costly and has some short-term side effects. It is for these reasons that ESWT is not medically necessary.