

Case Number:	CM13-0015561		
Date Assigned:	10/09/2013	Date of Injury:	03/15/2011
Decision Date:	01/17/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/23/2013

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, has a subspecialty in Pain Medicine, and is licensed to practice in Ohio and Texas. 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:

The patient is a 51 year old female who reported an onset of injury 03/15/2011 but did not seek treatment until 05/12/2011. Physical exam findings showed right lateral epicondylitis and medial epicondylitis on the right. The patient has undergone treatment to include physical therapy, injections to right lateral epicondylitis and medial epicondylitis, acupuncture, home exercise, brace and medication. The patient currently complains of pain to right elbow. The patient continues to wear brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy to the right elbow epicondyle 1 treatment every two weeks total of three (3) treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (Updated 2007), Chapter 10, page 30.

Decision rationale: CA MTUS/ACOEM indicates there is strong evidence that extracorporeal shockwave therapy is not effective in the management of lateral epicondylagia and thus it is not recommended. The clinical documentation submitted showed that the patient experienced improvement with pain and range of motion without the extracorporeal shock wave therapy. There is no clear indication in the clinical submitted that the patient failed conservative treatment to necessitate extracorporeal shock wave therapy prior. Therefore, given the lack of guideline recommendation and lack of rationale provided, the request is non-certified.