

Case Number:	CM13-0016547		
Date Assigned:	04/23/2014	Date of Injury:	12/16/2012
Decision Date:	06/10/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/26/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with industrial injury of December 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; elbow corticosteroid injection therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated July 25, 2013, the claims administrator denied a request for extracorporeal shock wave therapy for the elbow. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 23, 2013, the applicant was described as carrying diagnoses of left carpal tunnel syndrome, left elbow lateral epicondylitis, and left shoulder pain. It appears that extracorporeal shock wave therapy was later endorsed via handwritten note dated May 23, 2013. The note, however, was very difficult to follow. The applicant was apparently given an elbow patellar sleeve and a knee patellar sleeve on that date, asked to discontinue NSAIDs, begin Omeprazole, and employ Tylenol for pain relief. A rather proscriptive 5-pound lifting limitation was endorsed, which the applicant's employer was apparently unable to accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE THERAPY 1XWK X 3WKS LEFT ELBOW/WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Extracorporeal Shock Wave Therapy (ESWT), and ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, page 598.

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

Decision rationale: As noted in the ACOEM Guidelines, extracorporeal shock wave therapy is "strongly recommended against." In this case, the attending provider has not offered any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. The documentation on file was sparse, handwritten, and extremely difficult to follow. Therefore, the request is not medically necessary and appropriate.