

Case Number:	CM13-0018764		
Date Assigned:	10/11/2013	Date of Injury:	10/25/2010
Decision Date:	08/29/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/30/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 10/25/10 while working as Aero-Vehicle Electric Technician with injuries to the cervical and lumbar spine and upper extremities. She continues to be treated for neck and left elbow pain. Testing has included an EMG of the upper extremities on 03/15/13 showing findings of mild to moderate bilateral carpal tunnel syndrome and mild left ulnar neuropathy at the elbow. Treatments have included medications and injections. She was seen on 02/11/13 with constant swelling of the left elbow and constant left greater than right neck pain radiating into the upper extremities. She was having difficulty sleeping. Physical examination findings included limited cervical spine range of motion with positive compression test, positive Spurling's test, and muscle spasms and tenderness/tightness. There was decreased left upper extremity sensation. There was tenderness and swelling of the left elbow. She was maintained out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY X6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Extracorporeal shockwave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) , Extracorporeal shockwave therapy (ESWT) Official Disability Guidelines (ODG), Extracorporeal shockwave therapy (ESWT).

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic pain including treatment for chronic epicondylitis. Research trials of extracorporeal shockwave therapy (ESWT) have yielded conflicting results and its value, if any, can presently be neither confirmed nor excluded. Criteria for its use include patients whose pain has remained despite six months of at least three conservative treatments including rest, ice, nonsteroidal anti-inflammatory medication, orthotics, physical therapy, and injections. A maximum of 3 therapy sessions over 3 weeks can be recommended. In this case, the claimant has chronic epicondylitis and has failed conservative treatments. The requested number of sessions is within the accepted guideline recommendation and is therefore medically necessary.

QUEEN SIZE SLEEP NUMBER BED- CERVICAL: 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), Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment (DME).

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic neck pain. Guidelines recommend use of a neck support pillow while sleeping in conjunction with daily exercise in the treatment of chronic neck pain. A specialty mattress or bed is not required or considered medically necessary.