

<b>Case Number:</b>	CM13-0026505		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 42 year old male driver with a date of injury of 11/8/2012. The mechanism of injury was when he was tying some metal together and the tie broke and he felt a sharp pain in his right elbow. The diagnosis is right elbow tendinosis or lateral epicondylitis. There is a request for ultrasound shock treatment for 4 sessions. Treatment to date has included 6 sessions of physical therapy and Ibuprofen for pain. An MRI of the right elbow dated 12/19/12 noted a small amount of elbow joint effusion. Mild focal increased signal with slight thickening and irregularity at the common extensor tendon insertion are noted in the region of the lateral epicondyle, consistent with tendinosis or lateral epicondylitis. No significant tendon tear is seen. There is a right elbow x-ray dated 5/11/13 which noted a posterior olecranon bone spur on both sides. There was suggestion of a small exostosis from the lateral epicondyle on the right. The joint spaces were grossly preserved. A progress report dated 7/23/13 notes the patient was not working and is not attending any physical therapy. He was taking Ibuprofen for his pain. He complained of right elbow pain with painful movement of the elbow. He described swelling in the elbow, forearm, hand and fingers. He had pain with increased with movement. The objective findings revealed that the right elbow was tender upon palpation over the lateral aspect. The right elbow range of motion caused pain. Plan was for Ultrasound Shock treatment to the patient's right elbow, to relieve pain with tendinosis. This treatment was to help increase blood flow to the affected tissue and reduce inflammation which will help the patient's pain symptoms. The patient was to continue a daily home exercise program for the right elbow. The patient was noted to be able to work modified duties. The progress report dated 8/27/13 notes the patient feels that overall his condition has worsened since last visit. The right elbow pain was constant. There was continued decreased range of motion as well as painful movement and right elbow swelling. The

objective findings noted that the right elbow revealed tenderness to palpation to the right elbow lateral epicondyle and pain with pronation, flexion and extension range of motion maneuvers. The plan was extracorporeal shock wave therapy of the right elbow.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ULTRASOUND SHOCK TREATMENT FOR 4 SESSIONS: Upheld**

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

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

**Decision rationale:** The MTUS/ACOEM elbow chapter states that there are quality studies available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. The documentation submitted does not reveal extenuating circumstances why this treatment is necessary. The request for ultrasound shock treatment for 4 sessions, to the right elbow is not medically necessary and appropriate.