

<b>Case Number:</b>	CM13-0030565		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 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 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:

52 year old female who allegedly sustained injury on 05/08/13, was walking in the kitchen and slipped on meat on the floor. She was diagnosed with Lateral epicondylitis, right elbow and low back pain. The medical records dated 9/20/13 noted that the patient was seen again on 8/29/13 due to severe pain. Because shockwave treatment was not provided, she received an injection of cortisone to her elbow. She states that the injection of cortisone did help her. She indicates that she is using Pennsaid liquid, which is also helping her right elbow. She uses a right elbow brace as well. **CURRENT COMPLAINTS** on 9/20/13: The patient feels sharp thoracic spine pain with burning sensations and spasms. The pain radiates down the right side to the leg. The patient states that her right shoulder is okay. She had improvement with the injection into her right elbow. She denies numbness or tingling and Pennsaid helps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient shockwave therapy three (3) times to the right elbow:** 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:** Per Occupational Medicine Practice Guidelines Outpatient shockwave therapy three (3) times to the right elbow is not medically necessary. Quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. Occupational Medicine Practice Guidelines page 29, Extracorporeal Shockwave Therapy. Twelve articles were reviewed, 10 studies, 82 through 91 and two meta-analyses 62 and 92. Of the 10 studies, two were of high quality, five of intermediate quality and three of low quality. One of the high-quality studies 82 evaluated 60 subjects with symptoms for less than 1 year and more than 3 weeks, treating them with either active extracorporeal shockwave therapy (ESWT) with a simple stretching program (n = 31) or sham ESWT with a simple stretching program (n = 29). The authors concluded that "despite improvement in pain scores and pain-free maximum grip strength within groups, there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with forearm-stretching program and treating with forearm-stretching program alone, with respect to resolving pain within an 8-week period of commencing treatment." The second high-quality study evaluated 272 patients with at least 6 months of conservative treatment (135 received ESWT and 137 received placebo ESWT) and found that ESWT as "applied in the present study was ineffective in the treatment of lateral epicondylitis."