

<b>Case Number:</b>	CM13-0032150		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in 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 California Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine Guidelines state there is strong evidence that extracorporeal shockwave therapy is not effective in the management of lateral epicondylalgia. Furthermore, studies have found that there is no added benefit of shockwave therapy over that of regular forearm stretching, and is therefore strongly recommended against. As such, the request for right elbow orthopedic shockwave therapy 1 time per week for 1 week is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow orthopedic shock wave therapy one time per week for one week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 598.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30, 33-40.

**Decision rationale:** The California Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine Guidelines state there is strong evidence that extracorporeal shockwave therapy is not effective in the management of lateral epicondylalgia. Furthermore, studies have found that there is no added benefit of shockwave therapy over that of

regular forearm stretching, and is therefore strongly recommended against. As such, the request for right elbow orthopedic shockwave therapy 1 time per week for 1 week is non-certified.