

Case Number:	CM13-0036145		
Date Assigned:	12/13/2013	Date of Injury:	10/18/2012
Decision Date:	02/05/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/18/2013

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 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 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.

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 lateral epicondylitis, carpal tunnel syndrome, and cubital tunnel syndrome reportedly associated with cumulative trauma at work from repetitive typing as a clerk, first claimed on October 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; work restrictions; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a utilization review report of September 9, 2013, the claims administrator denied a request for extracorporeal shockwave therapy. The applicant's attorney subsequently appealed, on October 15, 2013, citing numerous administrative reasons. An earlier note of August 13, 2013, is difficult to follow but is seemingly notable for comments that the applicant should undergo extracorporeal shockwave therapy to treat ongoing issues of lateral epicondylitis. The applicant has returned to work with a rather proscriptive 5-pound lifting limitation and asked to obtain an internal medicine consultation and a carpal tunnel corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three sessions of Extracorporeal Shockwave Therapy, 1 every 2 weeks between 9/17/2013 and 12/16/2013: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, extracorporeal shockwave therapy is "strongly recommended against" for the diagnosis of lateral epicondylitis, reportedly present here. In this case, the attending provider did not furnish any compelling rationale or narrative so as to try and offset the unfavorable ACOEM recommendation. Again, given the strongly unfavorable ACOEM rating here, the request is not certified, on independent medical review.