

Case Number:	CM13-0039103		
Date Assigned:	12/18/2013	Date of Injury:	12/01/2009
Decision Date:	04/29/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopedic Surgery 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 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 41-year-old male who reported injury on 12/01/2009. The mechanism of injury was a motor vehicle accident. Documentation of 08/28/2013 revealed that the patient had tenderness in the left elbow and left wrist. The request was made for extracorporeal therapy for the left elbow and left wrist to see if the symptoms could be decreased. The patient's diagnosis included left elbow and wrist strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC SHOCKWAVE TREATMENT FOR THE LEFT ELBOW AND WRIST 2 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 598. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Extracorporeal Shockwave Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Extracorporeal Shockwave Therapy.

Decision rationale: ACOEM Guidelines indicate that there is strong evidence that extracorporeal shockwave therapy is not effective in the management of lateral epicondylalgia

and is not recommended. As the patient specifically does not have lateral epicondylalgia, secondary guidelines were sought. Per Official Disability Guidelines, extracorporeal shockwave therapy is not recommended. Clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non adherence to guideline recommendations. Given the above, the request for extracorporeal shockwave treatment for the left elbow and wrist 2 times 3 is not medically necessary.