

Case Number:	CM13-0039506		
Date Assigned:	12/20/2013	Date of Injury:	12/04/2001
Decision Date:	03/05/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	09/26/2013

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 Pain 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. 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 injured worker is a 62-year-old female with a date of injury in 2002. The patient carries a diagnosis of lateral epicondylitis. The disputed request is for low energy extracorporeal shockwave treatment for the left lateral epicondylitis. A utilization review determination noncertified this request on the basis that guidelines do not support such a procedure. A rebuttal authored by the requesting physician states the following: "In contrary, I would like to point out that this patient's presenting symptoms were persistent elbow pain, tenderness and positive orthopedic results which were consistent with a diagnosis of bilateral elbow epicondylitis. This was further validated by the diagnostic ultrasound obtained on June 25, 2008 which indicated that there was right lateral and medial epicondylitis." The requesting physician then cites the Official Disability Guidelines as it has "provisions for this type of modality."

IMR ISSUES, DECISIONS AND RATIONALES

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

low energy extracorporeal shockwave treatment, 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30, Chronic Pain Treatment Guidelines Code of Regulations Page(s): 6.

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

Decision rationale: "Twelve articles were reviewed, 10 studies(82,83,84,85,86,87,88,89,90,91) and two meta-analyses.(62,92) Of the 10 studies, two were of high quality, five of intermediate quality and three of low quality. One of the high-quality studies⁸² 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."⁸⁵ One of the meta-analyses reviewed two studies, concluding "no added benefit of ESWT over that of placebo in the treatment of LE [lateral epicondylitis]."⁶² The other review analyzed nine studies (the studies reviewed above) and concluded that "when data were pooled, most benefits were not statistically significant. No difference for participants early or late in the course of condition."⁹² Quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy [Evidence (A), Strongly Recommended Against]." By statute, the California Medical Treatment and Utilization Schedule is given first preference in independent medical reviews. Since the Chronic Pain Medical Treatment Guidelines references the Elbow Disorders Chapter of the ACOEM Practice Guidelines, this is given priority over the Official Disability Guidelines. The request for low energy extracorporeal shockwave treatment, 3 sessions, is not medically necessary or appropriate.