

Case Number:	CM13-0041488		
Date Assigned:	12/20/2013	Date of Injury:	12/28/2011
Decision Date:	06/30/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 42-year-old female who reported injury to right elbow on 05/07/2010 as a result of striking her right elbow on the copy machine. The injured worker complained of burning like pain to elbow and wrist and hand pain. On examination findings were moderate tenderness to palpation to right elbow over the medial epicondyle, negative Tinel's sign, no ligament laxity with Cozen's test. Range of motion was measured by goniometer showing flexion of 140/140 degrees, extension of 0/0 degrees, pronation of 80/80 degrees and supination of 80/80 degrees. On the right wrist, there was tenderness to palpation over the flexor and extensor tendons, negative Tinel's sign, Phalen's test, and Finkelstein's test. Range of motion also measured by goniometer showing flexion 55/60 degrees, extension of 55/60 degrees, radial deviation 18/20 degrees, and ulnar deviation 27/30 degrees. The Jamar dynamometer grip strength measured right 20/26/24 kg, left 30/30/30 kg and pinch strength testing measured right 3.5/4.0/2.5 kg, left 5.5/4.5/4.5 kg. Her neurological examination showed decreased sensation from the forearm to the right hand along the median and ulnar nerve distribution from digits one through five. Motor testing of the major muscle groups of the bilateral upper extremities revealed no weakness. The injured worker had not missed a day of work and she is right hand dominant. The injured worker had diagnostic ultrasound of right wrist 03/20/2013 that was negative, diagnostic ultrasound of right elbow in comparison to the left on 02/23/2012 which revealed ulnar neuritis with hypermobility and a nerve conduction study of the right upper extremity on 11/09/2011 which was normal. The injured worker has diagnoses of status post right ulnar nerve transposition 10/10/2012 and right wrist tendinitis, flexor and extensor. Previous treatments were conservative measures such as 12 visits of acupuncture treatment, 12-18 visits of post-operative physical therapy, oral medications to include anti-inflammatory, topical analgesic and anti-neurotic (Gabapentin) which she reported were beneficial. The injured worker was also provided

durable medical equipment such as right elbow pad, right wrist and elbow braces for support while doing repetitive work. She reported that the surgery, acupuncture and physical therapy reduced her pain and symptoms therefore reducing her need for prescription medications and it also improved her strength allowing her to transition to a home exercise program. She reported 75% improvement. Current medications are Lidoderm patches applied topically, on for twelve hours and off for twelve hours, anti-inflammatory Flector patches, as well as Gabapentin 600mg one (1) by mouth twice a day. Current treatment request is for shockwave therapy- 6 (six) visits 1 (one) time per week for (6) six weeks. Authorization form not submitted for review. No rationale for request provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY - 6 VISITS (1 X PER WEEK X 6 WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shockwave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Extracorporeal shockwave therapy

Decision rationale: The injured worker has a history of burning like pain to elbow and wrist and hand pain. Previous treatments were conservative measures such as 12 visits of acupuncture treatment, 12-18 visits of post-operative physical therapy, oral medications to include anti-inflammatory, topical analgesic and anti-neurotic (Gabapentin) which she reported were beneficial. The injured worker was also provided durable medical equipment such as right elbow pad, right wrist and elbow braces for support while doing repetitive work. She reported that the surgery, acupuncture and physical therapy reduced her pain and symptoms therefore reducing her need for prescription medications and it also improved her strength allowing her to transition to a home exercise program. She reported 75% improvement. The Official Disability Guidelines does not recommend the use of Extracorporeal Shockwave therapy for the treatment of epicondylitis as trials have not shown it to be effective providing little relief of pain as well it is contraindicated for patients who have previous surgery for the condition. The injured worker reported 75% improvement after surgery, acupuncture, and physical therapy. She also stated that she reduced her pain medications. In addition, the request does not specify the location for treatment. Given the above, the request for shockwave therapy- 6 (six) visits 1 (one) time per week for (6) six weeks is not medically necessary.