

Case Number:	CM13-0042537		
Date Assigned:	03/28/2014	Date of Injury:	12/27/2012
Decision Date:	06/30/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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 45-year-old male who reported an injury on 12/27/2012. The mechanism of injury was not provided in the medical records. His symptoms included stiffness to the right hand with occasional numbness and tingling, tenderness to palpation at the right mid upper trapezius/anterior joint line with mild swelling. The claimant was noted to have an abduction of 140 degrees and flexion 150 degrees. There was also noted to be tenderness to palpation over anterior wrist/forearm. There was also noted to be a negative Tinel's. The claimant was diagnosed with right carpal tunnel syndrome and right shoulder tendonitis. Past medical treatment included physical therapy and oral medications. Diagnostic studies included electronic range of motion test, electronic muscle test, and a grip strength test, and NCS/EMG. On 06/17/2013, a request for continued ortho shockwave therapy had been made. A rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED ORTHO SHOCKWAVE THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM Guidelines state there is strong evidence that extracorporeal shockwave therapy is not effective in the management of lateral epicondylitis and medial epicondylitis. Quality studies are available on extracorporeal shockwave therapy and acute, subacute, and chronic lateral epicondylitis patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is non-invasive. Therefore, it is not recommended. The documentation submitted for review indicates the employee has had previous shockwave therapy. The employee stated that therapy was very relaxing and helped relieve symptoms overall. However, the documentation submitted for review failed to provide objective functional improvement with the use of shockwave therapy. As the MTUS guidelines state that extracorporeal shockwave therapy has not been proven to be effective and the documentation submitted failed to provide objective functional improvement with previous therapy, the request is not supported. The request for continued ortho-shockwave therapy is not medically necessary and appropriate.