

Case Number:	CM13-0042883		
Date Assigned:	12/27/2013	Date of Injury:	12/19/2012
Decision Date:	02/21/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Practice, 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:

Female claimant sustained a work related injury in which resulted in chronic elbow pain and epicondylitis. Prior physical therapy, opioids, steroid injections and acupuncture did not maintain relief. A progress note on 10/9/13 indicated tenderness over the left epicondyle and +Cozen's sign. A prior ultrasound of the left elbow showed edema, and micro-rupture on the common extensor tendon. Consideration for surgery was discussed at the time. An order for Low energy Extracorporeal Shock Wave was once every 2 weeks.

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 to left elbow, once every two weeks, three times in total: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 31. Decision based on Non-MTUS Citation General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2), Extracorporeal Shockwave Thereapy (2007 revised version), page 31.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 31. Decision based on Non-MTUS Citation Elbow Disorders Chapter Chapter 10, page 46, table 10-5.

Decision rationale: According to the Elbow Disorders Chapter of the ACOEM Practice Guidelines, extracorporeal shock wave therapy is not recommended for epicondylitis. Therapy would include NSAIDs (non-steroidal anti-inflammatory drugs), therapy, and surgery after 6 months of conservative treatment, etc. There is weak evidence supporting its use in managing epicondylitis. The request for low energy extracorporeal shockwave treatment to left elbow, once every two weeks, three times in total, is not medically necessary or appropriate.