

Case Number:	CM13-0044174		
Date Assigned:	06/09/2014	Date of Injury:	11/08/2012
Decision Date:	08/14/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/28/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 injured worker is a 42-year-old male who reported cumulative trauma exacerbated by a hard blow to his right elbow on 11/08/2012. On 04/16/2014, his complaints included constant right elbow pain. An MRI from 12/19/2012 revealed no evidence of occult fracture or avascular necrosis of the bony structures around the right elbow. Findings were consistent with tendinosis or lateral epicondylitis. On 04/16/2014, there were no deficits in motor strength of his right elbow. His ranges of motion in the right elbow measured in degrees were extension -4/0, flexion 135/140, supination and pronation were within normal limits. His diagnoses included lateral epicondylitis of the right elbow, fracture of the olecranon and spur in the right elbow. On 06/17/2014, his chief complaint was constant pain to the right elbow. Physical examination revealed tenderness to palpation over the lateral epicondyle and olecranon. The note stated that since this worker had received an appropriate amount of conservative care, including medication, activity modification, ultrasound/shockwave therapy, and cortisone injection without significant improvement of his right elbow symptoms, the recommendation was for a right elbow excision of the loose body removal or the remainder of the olecranon osteophyte, as well as lateral epicondyle release. There was no rationale or request for authorization included with the documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND SHOCK TREATMENT TO THE RIGHT ELBOW X12 SESSIONS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOOEM CHAPTER 10, WEB EXTRACORPOREAL SHOCKWAVE THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Ultrasound, therapeutic Page(s): 123.

Decision rationale: The request for ULTRASOUND SHOCK TREATMENT TO THE RIGHT ELBOW X12 SESSIONS is non-certified. Per the California MTUS Guidelines, ultrasound is not recommended. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. As noted above, there is documentation in this worker's chart that he had already received ultrasound shockwave therapy with no significant clinical improvements in pain or function. Therefore, this request for ULTRASOUND SHOCK TREATMENT TO THE RIGHT ELBOW X12 SESSIONS is non-certified.

ULTRASOUND SHOCK TREATMENT TO RIGHT ELBOW X12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOOEM CHAPTER 10, WEB EXTRACORPOREAL SHOCKWAVE THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Ultrasound, therapeutic Page(s): 123.

Decision rationale: The request for ultrasound shock treatment to the right elbow x12 sessions is not medically necessary. Per the California MTUS Guidelines, ultrasound is not recommended. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. As noted above, there is documentation in this worker's chart that he had already received ultrasound shockwave therapy with no significant clinical improvements in pain or function. Therefore, this request for ultrasound shock treatment to the right elbow x12 sessions is not medically necessary.