

Case Number:	CM13-0045126		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2012
Decision Date:	02/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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 Interventional Spine 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 patient is a 56-year-old male with date of injury 12/07/2012. Per hand written report by [REDACTED], 10/21/2013, listed diagnoses are: right elbow lateral epicondylitis/cubital tunnel syndrome, right wrist tenosynovitis. This report requested elbow shock wave treatment to decrease pain, increase range of motion. Another report dated 11/07/2013 by [REDACTED] is handwritten, illegible. An 11/04/2013 typewritten report by [REDACTED] is a review of medical records. In it, he reviewed [REDACTED] 08/30/2013 evaluation, and this report describes corticosteroid injection to treat the effects of the patient's 12/07/2012 right elbow injury. [REDACTED] recommending treatments for diabetes. Another report 08/20/2013 is by [REDACTED], handwritten. The recommendation was to have the patient consider ESWT and/or lateral epicondylar scoping to right elbow, not interested in joint replacement. The right elbow carrying angle was at 16 degrees for right and 10 degrees for left, flexion is 118 degrees and extension -4 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines, ESWT for Elbow Problems.

Decision rationale: This patient presents with chronic right elbow pain and appears to suffer from lateral epicondylitis. The treating physician documents flexion of 118, the extension -4 degrees. The conservative measures apparently have been tried. The request for "ESWT" to lateral epicondylar area is noted. The ACOEM guidelines page 235 does not support ESWT for elbow, stating "probably randomized clinical trials are needed to provide better evidence for the use of many physical modalities that are commonly employed ..." including ESTW. The ODG guidelines under ESWT for elbow problems states, "However, recent studies do not always support this and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects." Given the lack of recommendations from either of these guidelines, recommendation is for denial.