

Case Number:	CM13-0046991		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2011
Decision Date:	03/11/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/11/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 37-year-old female who reported a work-related injury on 10/18/2012 as a result of cumulative trauma. The patient presents for treatment of chronic cervical spine pain as well as elbow pain. The clinical notes evidence that [REDACTED] has recommended the patient utilize extracorporeal shockwave therapy for lateral epicondylitis diagnosis. The clinical note dated 08/15/2013 reported the patient had completed 3 sessions of ESWT to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ESWT, shockwave treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient has previously utilized ESWT for her bilateral elbow pain complaints. However, documentation of significant objective functional improvements, decrease in rate of pain, were not evidenced in the clinical notes reviewed to support further requested treatments of ESWT for the patient's bilateral epicondylitis. Additionally, guidelines do not

recommend this intervention for elbow complaints. Trials in the area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. Given the lack of documentation evidencing objective functional improvements and a decrease in rate of pain as well as a lack of guideline support for the requested intervention, the request for 1 ESWT, shockwave treatment, is not medically necessary nor appropriate.