

Case Number:	CM13-0050286		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2011
Decision Date:	05/05/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/11/2013

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 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 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 patient is a 37-year-old female with a date of injury of 10/18/2012. The listed diagnoses, per [REDACTED] are right elbow medial and lateral epicondylitis. According to report dated 08/15/2013 by [REDACTED], the patient presents with continued right elbow medial and lateral epicondylitis pain. An examination of the elbow revealed flexion 140 degrees, extension 0 degrees, pronation 30 degrees, and supination 8 degrees. The Tinel's test was negative. The patient is to continue home exercise program, electrical muscle stimulation, and application of heat. The treater is requesting authorization for "1 additional ESWT for the right lateral elbow and 3 ESWT for the left lateral E/S to decrease pain and increase range of motion and flexibility."

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT), SHOCKWAVE TREATMENT BETWEEN 9/13/2013 AND 9/13/2013: 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 American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), Page 235, and the Official Disability Guidelines (ODG), ODG-TWC guidelines, ESWT for elbow problems (<http://www.odg-twc.com/odgtwc/elbow.htm>).

Decision rationale: This patient presented with continued elbow pain. The treater is requesting authorization for one (1) additional ESWT for the right elbow and three (3) ESWT for the left to decrease pain and increase range of motion and flexibility. The ACOEM Guidelines indicates that "Published randomized clinical trials are needed to provide better evidence for the use of many physical modalities that are commonly employed. Some therapists use a variety of procedures. Conclusions regarding their effectiveness may be based on anecdotal reports or case studies. Included among these modalities are...extracorporeal shockwave therapy (ESWT)." The Official Disability Guidelines (ODG) indicate, "not recommended using high energy ESWT under study for low energy ESWT where the latest study shows better outcomes without the need for anesthesia. Trials in this area have yielded conflicting results." The ODG further states that recent studies do not always support ESWT and cannot be recommended for epicondylitis. In this case, the ACOEM and ODG do not support the use of ESWT for epicondylitis or elbow problems. Recommendation is for denial.