

<b>Case Number:</b>	CM13-0050931		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/26/2007
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Pain Medicine 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 injured worker is a 48 year old female who sustained an industrial injury on 2/26/2007. The covered body regions as part of this claim include the bilateral wrists, hands, upper back, neck, and right elbow and lower arm. The patient has had extracorporeal shockwave therapy to the elbow in the past, with significant benefit. The patient exhibits signs and symptoms of chronic lateral epicondylitis, with tenderness to palpation of the lateral epicondyle extending up to 2cm distally and positive Cozen's test documented in a progress note on 10/14/13. The additional request for anesthesia is so that the ECSWT can be performed. There is also a request for 12 sessions of physical therapy. A utilization review determination on 11/7/2013 non-certified the request for ECSWT and anesthesia history and physical, citing a lack of documentation of injections or activity modification attempts. The request for physical therapy was modified to 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30, Chronic Pain Treatment Guidelines Code of Regulations Page(s): 5.

**Decision rationale:** Given the evidence of no significant benefit beyond conservative care alone, the request for Extracorporeal Shockwave Treatment is medically necessary and appropriate.

**Physical Therapy Qty 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-26, Chronic Pain Treatment Guidelines Code of Regulations Page(s): 5.

**Decision rationale:** In the case of this injured worker, there is documentation of previous physical therapy in a QME report dated 9/11/2012. The patient was noted at that time to have PT 2 times per week for 4 weeks authorized. The outcome of this physical therapy is not noted, as these physical therapy notes were not included in the submitted documentation. Guidelines specify that positive functional benefit must be noted for additional physical therapy. The progress note from 10/14/2013 explains the rationale for additional physical therapy is to follow the single treatment with ECSWT. Given the guidelines, and lack of documentation regarding outcome of previous physical therapy, the utilization determination of 6 physical therapy sessions is consistent with the updated ACOEM guidelines. Therefore the request is not medically necessary.

**H & P Anesthesia Clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30, Chronic Pain Treatment Guidelines Code of Regulations Page(s): 5.

**Decision rationale:** Given that the extracorporeal shockwave therapy is not recommended, the request for anesthesia history and physical clearance is also not recommended since the anesthesia was to be administered in context of shockwave therapy.