

Case Number:	CM13-0050995		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2009
Decision Date:	03/10/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	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 & Rehabilitation 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 46-year-old male who reported an injury on 08/26/2009. The mechanism of injury was noted to be a fall. The patient's diagnoses were noted to include right elbow medial/lateral epicondylitis, left costochondral injury, left hip pain, lumbar spine disc protrusion, status post left knee arthroscopic surgery, right ankle sprain, and left ankle sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow extracorporeal shock wave therapy times 3: 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): 33-40.

Decision rationale: The Physician Reviewer's decision rationale: According to ACOEM Guidelines, quality studies have shown that extracorporeal shockwave therapy in the treatment of epicondylitis of the elbow has failed to show benefits of this treatment. It further states that this option is moderately costly and has some short-term side effects. Therefore, the guidelines specify that there is a recommendation against using extracorporeal shockwave therapy in the treatment of epicondylitis. As the patient was noted to have right elbow pain related to

medial/lateral epicondylitis, and the guidelines specifically stated that ESWT is not recommended; the request is not supported. As such, the request is non-certified.