

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0052078 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 10/18/2011 |
| <b>Decision Date:</b> | 03/17/2014   | <b>UR Denial Date:</b>       | 10/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/15/2013 |

### 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 Management 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 36 year old female with a date of injury of 10/18/2012. The worker carries a diagnosis of lateral epicondylitis. The provider is retrospectively requesting 1 session of extracorporeal shockwave therapy (ECSWT) administered on 9/27/2013. Per the progress note on date of service 8/5/2013, the patient was being treated for right elbow medial and lateral epicondylitis. Objective findings included flexion 140 degrees, extension 0 degrees, pronation 30 degrees, and supination 8 degrees. Tinel's test was negative. A utilization review determination on 10/17/2013 non-certified this request stating that the American College of Occupational and Environmental Medicine (ACOEM) guidelines do not recommend ECSWT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Extracorporeal Shockwave Therapy (RETRO 9/27/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 5.

**Decision rationale:** The California Medical Treatment and Utilization Schedule Code of Regulation references the ACOEM guidelines in the management of chronic elbow pain. The

ACOEM Practice Guidelines recommend against Shockwave Therapy for elbow epicondylitis in the most updated edition of these guidelines. The following excerpt and recommendation is found on page 30 of the update to ACOEM Chapter 10 (approved by ACOEM's Board of Directors on April 9, 2007): "Twelve articles were reviewed, 10 studies<sup>(82,83,84,85,86,87,88,89,90,91)</sup> and two meta-analyses.<sup>(62,92)</sup> Of the 10 studies, two were of high quality, five of intermediate quality and three of low quality. One of the high-quality studies<sup>82</sup> evaluated 60 subjects with symptoms for less than 1 year and more than 3 weeks, treating them with either active extracorporeal shockwave therapy (ESWT) with a simple stretching program (n = 31) or sham ESWT with a simple stretching program (n = 29). The authors concluded that "despite improvement in pain scores and pain-free maximum grip strength within groups, there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with forearm-stretching program and treating with forearm-stretching program alone, with respect to resolving pain within an 8-week period of commencing treatment." The second high-quality study evaluated 272 patients with at least 6 months of conservative treatment (135 received ESWT and 137 received placebo ESWT) and found that ESWT as "applied in the present study was ineffective in the treatment of lateral epicondylitis."<sup>85</sup> One of the meta-analyses reviewed two studies, concluding "no added benefit of ESWT over that of placebo in the treatment of LE [lateral epicondylitis]."<sup>62</sup> The other review analyzed nine studies (the studies reviewed above) and concluded that "when data were pooled, most benefits were not statistically significant. No difference for participants early or late in the course of condition."<sup>92</sup> Quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy [Evidence (A), Strongly Recommended Against]." Given these guidelines (which take precedent over any other guidelines), the request for extracorporeal shockwave therapy is recommended for non-certification.