

<b>Case Number:</b>	CM13-0055186		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 54-year-old female who reported an injury on 02/21/2012. The patient underwent an MRI (magnetic resonance imaging) of the left elbow on 08/27/2013; whereupon, it was noted that the patient had alignment within normal limits with bone marrow signal normal and no evidence of fracture with the humeroulnar, radiocapitellar and proximal radioulnar joints within normal limits. The ulnar and radial collateral ligaments were normal with the ulnar nerve demonstrating normal size and shape. There was high and intermediate signal with the common extensor tendon, consistent with interstitial partial thickness tearing and tendinosis (lateral epicondylitis). The remaining muscles and tendons were within normal limits. The patient was seen on 10/16/2013 with continued left elbow pain, rated as a 7/10. The patient had tenderness upon palpation of the left medial epicondyle junction and was utilizing medicated creams for her treatment. [REDACTED] requested the patient undergo ESWT (Extracorporeal Shockwave Therapy) to the left elbow on 09/13/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESWT to L Elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 33-40.

**Decision rationale:** According to the California MTUS and ACOEM, the guidelines state that after 12 articles were reviewed, 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 shockwave therapy combined with forearm stretching programs and treating with a forearm stretching program alone with respect to resolving pain within an 8 week period of commencing treatment. Further studies have noted that ESWT (Extracorporeal Shockwave Therapy) to the elbow was considered ineffective in the treatment of lateral epicondylitis. Lastly, it states that when data was pulled, most benefits were not statistically significant. There was no difference for participants early or late in the course of the condition. Therefore, in regards to the use of this treatment for this patient's left elbow epicondylitis, without having sufficient literature to support the use of this treatment, the requested service is not considered appropriate and is non-certified.