

Case Number:	CM13-0055891		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2012
Decision Date:	05/15/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 50-year-old female who reported an injury on 01/27/2012. The mechanism of injury was noted to be due to repetitive movement, stress, and strain from her job as a billing supervisor. The injured worker reported dull, aching pain rated 8/10 without medications and 5/10 with medications, as well as stiffness to the right elbow. Examination of the elbow revealed palpable tenderness over the medial and lateral epicondyle areas of the right elbow. The Mill's and Cozen's test of the elbow were both positive to the right elbow. There was slightly reduced right elbow range of motion due to pain. The injured worker was diagnosed with sprains and strains of unspecified side of elbow and forearm. Past medical treatment included chiropractic care, acupuncture, oral medications and epidural steroid injections. Diagnostic studies included MRI of the cervical spine on 08/28/2013, MRI of the right elbow on 08/28/2013, MRI of the right wrist on 08/28/2013, and nerve conduction study/electromyography study on 08/14/2013. On 10/15/2013, a request for shock wave treatments to the right elbow was made; a rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE SHOCKWAVE TREATMENTS RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: ACOEM Guidelines state there is strong evidence that extracorporeal shockwave therapy is not effective in the management of lateral epicondylalgia and medial epicondylalgia. Quality studies are available on extracorporeal shockwave therapy and 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. Therefore, it is not recommended. The documentation submitted for review indicated the injured worker had palpable tenderness over the medial and lateral epicondyle areas of the right elbow along with reduced range of motion due to pain. The injured worker was also noted to have a positive Mill's and Cozen's test of the right elbow. However, there was not an adequate and complete assessment of the patient's current objective functional condition provided in order to demonstrate deficits needing to be addressed as well as provide a baseline by which to assess objective functional improvements over the course of therapy. Additionally, shockwave therapy for elbow disorders is not recommended. Given the above, the request for 3 shockwave treatments to the right elbow is not medically necessary and appropriate.