

<b>Case Number:</b>	CM13-0059445		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Orthopedic Surgery and Hand Surgery 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 reported an injury on 04/26/2012. The mechanism of injury was not provided. Current diagnoses include cervical/thoracic spine sprain and strain, periscapular myofascial strain, De Quervain's syndrome, bilateral lateral epicondylitis, and cubital/carpal tunnel syndrome. The injured worker was evaluated on 10/10/2013. The injured worker reported persistent pain. Physical examination revealed tenderness to palpation of the right elbow with positive Cozen's testing and decreased range of motion. Treatment recommendations included authorization for extracorporeal shockwave therapy for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EXTRACORPOREAL SHOCKWAVE THERAPY RIGHT ELBOW: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 598.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Extracorporeal shockwave therapy (ESWT)

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state quality studies are available on extracorporeal shockwave therapy in the acute, subacute, and chronic lateral

epicondylalgia of patients, and benefits have not been shown. There is a recommendation against using extracorporeal shockwave therapy for the elbow. Official Disability Guidelines do not recommend extracorporeal shockwave therapy. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.