

<b>Case Number:</b>	CM13-0059468		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/20/2013
<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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 46 year-old male who reported an injury on 03/19/2012. The mechanism of injury was not specifically stated. The injured worker was status post bilateral carpal tunnel release with residual left-sided numbness and tingling and triggering, and status post left elbow release. The documentation of 11/04/2013 revealed the injured worker had complaints of the middle and ring finger triggering in the morning. The injured worker continued nocturnal numbness and tingling in his bilateral hands. The injured worker had intermittent left elbow pain laterally, intensified by pushing or pulling activities. The physical examination revealed the injured worker had tenderness over the base of the middle finger and ring finger and difficulty making a full fist. The injured worker had tenderness over the anterior joint line of the wrist, and tenderness over the forearm flexor with spasms. The injured worker had tenderness over the lateral epicondyle with swelling and range of motion of the wrist and elbow were within normal limits. The treatment plan included a referral to an orthopedic specialist for the hand to review the EMG studies and further recommendations as well as possible injections, shockwave therapy for the left elbow, a home exercise kit for the wrist and elbow, work conditioning 3 times a week for 4 weeks, and an EMS/vital wrap for the injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SHOCKWAVE THERAPY TREATMENT FOR THE LEFT ELBOW:** 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), Extracorporeal Shockwave Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 10, page 30. Official Disability Guidelines (ODG), Elbow Chapter, Extracorporeal Shockwave Therapy.

**Decision rationale:** ACOEM Guidelines indicate that there is strong evidence that extracorporeal shockwave therapy is not effective in the management of lateral epicondylalgia and is not recommended. As it was not indicated the injured worker had lateral epicondylalgia, secondary guidelines were sought. Per Official Disability Guidelines, extracorporeal shockwave therapy is not recommended. It further indicates that after other treatments have failed, some providers believe that shockwave therapy may help some people with heel pain and tennis elbow. However, recent studies do not support this. The request as submitted failed to indicate the quantity of sessions being requested. There was lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for shockwave therapy treatments for the left elbow is not medically necessary.

**WORK CONDITIONING 3X4:** 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), Physical Medicine Guidelines, Work Conditioning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125.

**Decision rationale:** California MTUS Guidelines indicate that work conditioning is appropriate for 10 visits over 8 weeks and a more intensive physical therapy than that of a normal course of physical therapy. The clinical documentation submitted for review failed to indicate the injured worker's response to the prior physical therapy. There was a lack of documentation of functional deficits to support the need for intensive therapy. The request for work conditioning 3 times 4 would exceed guideline recommendations. The request as submitted failed to indicate the body part to be treated with work conditioning. Given the above, the request for work conditioning 3 times 4 is not medically necessary.

**HOME EXERCISE KIT FOR THE WRIST/ELBOW:** 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), Knee & Leg Chapter, Home exercise kits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Home exercise kits.

**Decision rationale:** The Official Disability Guidelines recommend home exercise kits. There was a lack of documentation indicating functional deficits to support the need for a home exercise kit. The request, as submitted failed to indicate the components of the home exercise kit and whether it was for rental or purchase. Given the above, the request for a home exercise kit for the wrist/elbow is not medically necessary.

**EMS/ VITAL WRAP:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115-116.

**Decision rationale:** California MTUS Guidelines indicate that a form-fitting TENS device is considered medically necessary when there is documentation there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment and that the injured worker has a medical condition such as skin pathology that prevents the use of the traditional system. The clinical documentation submitted for review failed to provide documented rationale for the request of an EMS/vital wrap. Given the above, the request for EMS/vital wrap is not medically necessary.