

<b>Case Number:</b>	CM13-0062480		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 is a 50 year old female with reported date of injury as 09/25/2012. According to the progress report dated 11/04/2013 the injured worker complained of right elbow pain. The injured workers diagnosis included right elbow lateral epicondylalgia. Physical exam findings include positive resisted extension bilaterally and tenderness to palpation. The medication regimen was not available for review. The request for authorization of extracorporeal shockwave therapy for the right elbow quantity one was submitted on 12/02/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EXTRACORPOREAL SHOCKWAVE THERAPY FOR THE RIGHT ELBOW QUANTITY ONE: 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).

**Decision rationale:** According to the ACOEM guideline extracorporeal shockwave therapy is strongly not recommended for the treatment of acute, subacute or chronic lateral epicondylalgia. The injured workers diagnosis in the right elbow is lateral epicondylalgia and that is the area the

procedure is being requested for use. As such, the request for extacorporeal shockwave therapy for the right elbow quantity one is not medically necessary and appropriate.