

Case Number:	CM13-0064046		
Date Assigned:	01/03/2014	Date of Injury:	03/26/2013
Decision Date:	05/16/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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:

This is a female patient with the date of injury of March 26, 2013. A utilization review determination dated November 20, 2013 recommends non-certification of low energy extracorporeal shockwave treatment right elbow x 6. The previous reviewing physician recommended non-certification of low energy extracorporeal shockwave treatment right elbow x 6 for unknown reasons. A Progress Report dated November 4, 2013 identifies Subjective Complaints of persistent burning pain right elbow that radiates to forearm, burning pain radial wrist. Objective Findings identify TTP medial epicondyle, lateral epicondyle, also moderate triceps tendon TTP, extensor tendons. Tinel's positive ulnar groove. Diagnoses identify right elbow triceps tendonitis, medial & lateral epicondylitis, and hypermobility ulnar nerve. Treatment Plan identifies request Voltaren Gel, right elbow pad, modified work, and extracorporeal shock wave treatments for the right medial elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 LOW ENERGY EXTRACORPOREAL SHOCKWAVE TREATMENTS FOR THE RIGHT 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Regarding the request for 6 low energy extracorporeal shockwave treatments (ESWT) for the right elbow, ACOEM Guidelines state quality studies are available on extracorporeal shockwave therapy in 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. Thus, there is a recommendation against using extracorporeal shockwave therapy. ODG states extracorporeal shockwave therapy is not recommended. High energy ESWT is not supported. Low energy ESWT may show better outcomes without the need for anesthesia, but it is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. As such, the currently requested 6 low energy extracorporeal shockwave treatments for the right elbow are not medically necessary and appropriate.