

Case Number:	CM13-0067054		
Date Assigned:	01/03/2014	Date of Injury:	10/08/2009
Decision Date:	04/15/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/17/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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 patient is a 53 year old female who was injured on 10/28/2007. She was starting to have pain in her hands. Prior treatment history has included medication, chiropractic treatment, and x-rays. Diagnostic studies reviewed include an ultrasound of both elbows and both wrists performed on 06/04/2013, which revealed no evidence of ulnar or median nerve neuritis or significant tendinopathy; otherwise, within normal limits. MRI scan of the cervical spine performed on 06/04/2013 revealed minimal 1 to 1.5 mm disc bulges at C3-4, which mildly indents the ventral thecal sac. The dorsal thecal sac is maintained. There is overall only minimal to mild spinal canal stenosis; At C4-C5, there is a 1 mm anterior posterior (AP) disk bulge/protrusion which minimally indents the ventral thecal sac. The dorsal thecal sac is maintained. There is overall only minimal spinal canal stenosis; and C5-C6 revealed a 1.5 mm AP disk bulge/protrusion which mildly indents the ventral thecal sac. The dorsal thecal sac is maintained. There is overall, only minimal to mild spinal canal stenosis. Ultrasound performed on 06/04/2013 of bilateral wrist muscle was within normal limits. Electromyogram/nerve conduction velocity (EMG/NCV) studies performed on 05/17/2013 were entirely normal. EMG/NCV studies performed on 12/18/2012 revealed no electrical evidence of bilateral carpal tunnel syndrome; no electrical evidence of an ulnar neuropathy at the cubital tunnel or Guyon's canal bilaterally; no electrical evidence of generalized peripheral neuropathy; and no electrical evidence of a cervical radiculopathy or brachial plexopathy affecting the C5 through T1 lower motor nerve fibers of the bilateral upper extremities or the cervical paraspinals. Clinic note dated 12/02/2012 indicated the patient was diagnosed with neck strain/upper extremities strain. PR2 dated 11/05/2013 has hand written notes that are not legible. PR2 dated 03/19/2013 indicated the patient completed 6 acupuncture sessions with decreased pain

(remaining note not legible). PR2 dated 01/29/2012 has hand written notes that are not legible. PR2 dated 12/25/2012 indicated the patient has completed 7 of 8 sessions of required physical therapy. She does note some improvement with some treatment (notes are not legible). On exam, she is tender to palpation of the paraspinal muscles with spasms; Flexion is 45; Extension is 40; right rotation is 70; left rotation is 70; right external rotation is 45; and left internal rotation is 45. The remaining exam is not legible. PR2 dated 08/06/2013 indicated the patient's symptoms are unchanged since her last visit. Objective findings revealed there is tenderness at the lateral epicondyle of the right elbow. She has positive Cozens and negative Tinel's. She is tender over the paraspinals with guarding. PR2 dated 07/05/2013 indicated the patient did not show for her scheduled appointment. PR2 dated 06/06/2013 has hand written notes that are not legible

IMR ISSUES, DECISIONS AND RATIONALES

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

LOW ENERGY EXTRACORPOREAL SHOCKWAVE TREATMENT 3X3, PER EACH DIAGNOSIS OF LATERAL AND MEDIAL EPICONDYLITIS RIGHT ELBOW: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Elbow Complaints and Treatment Options, and the Physical Medicine & Rehabilitation, 3rd Edition, 2007, Chapter 21: Physical Agent Modalities, pages 459 - 478 and Chapter 39: Musculoskeletal Problems of the Upper Limb, pa

Decision rationale: According to the ODG Guidelines, there is no evidence to support the use of extracorporeal shockwave treatment for the treatment of lateral and/or medial epicondylitis. The literature shows no benefit for this treatment option and strongly recommends against its use for epicondylitis. Therefore, the request is non-certified