Case Number:	CM13-0067332		
Date Assigned:	01/03/2014	**Date of Injury:**	12/26/2011
Decision Date:	04/09/2014	**UR Denial Date:**	12/04/2013
Priority:	Standard	**Application Received:**	12/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas, New Mexico, Nebreska. 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 physician 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 42 year old female who was developed repetitive cumulative injuries while employed from 06/23/2010 to 12/26/2012. Treatment history included physical therapy for the right shoulder and right elbow. The patient underwent extracorporeal shockwave procedure performed on 06/20/2013, 06/27/2013, and 07/11/2013 of the right shoulder (6 session's total) for a diagnosis of cervical spine pain. She underwent right elbow surgery (procedure unknown) on 03/22/2011. She underwent arthroscopy right shoulder with glenohumeral synovectomy, subacromial decompression including anterior acromioplasty, resection of coracoacromial ligament, subdeltoid bursectomy and subacromial bursectomy on 08/20/2013. Diagnostic studies reviewed include EMG and NCV performed 02/07/2013 revealed normal electrodiagnostic study of both upper limbs. X-rays of right elbow, 3 views performed on 02/25/2013 revealed normal right elbow radiographs. X-rays of right wrist, 3 views performed on 02/25/2013 revealed normal right wrist radiographs. X-ray of right hand, 3 views performed on 02/25/2013 revealed normal right hand radiographs. X-ray of the right shoulder min 2 views performed on 02/25/2013 revealed no acute osseous injuries. X-rays of the cervical spine 2-3 views performed 02/25/2013 revealed mild degenerative changes at the lower cervical levels. No findings for a mal-alignment or acute osseous injury. MRI of the upper extremity joint without contrast, right elbow, performed 02/25/2013 revealed a 2.5 mm focus of increased signal within the common extensor tendon near its humeral attachment, either representing favored postsurgical change related to lateral release versus low-grade partial thickness tearing. Recommend correlation with preoperative imaging and operative noted; postsurgical change within the lateral elbow soft tissues and small joint effusion. MRI of the cervical spine performed 02/25/2013 revealed mild degenerative changes from C4/C5, C6-C7 levels. There is mild bilateral neural foraminal narrowing at these levels due to uncovertebral spurring and facet arthropathy. There were no

findings for high-grade spinal canal stenosis. There were no focal cord signal changes. MRI of the right upper extremity, right, performed 02/25/2013 revealed moderate tendinosis of the supraspinatus tendon with low-grade bursal sided fraying and mild tendinosis of the infraspinatus and subscapularis tendons; Edema and small amount of subacromial/subdeltoid bursal fluid; correlate clinically for bursitis. Drug compliance and diversion screen performed 06/18/2013 revealed prescribed medications were not detected. Detected medication not reported as prescribed is Tramadol. Consulting Physician in Sleep Medicine note dated 04/26/2013 indicated physical therapy is being implemented with only temporary relief. Acupuncture and shockwave treatment are to be instituted shortly. No documentation provided if this was performed for the elbow or the outcome. Re-evaluation note dated 06/25/2013 indicated the patient received a right shoulder injection which gave her pain relief for about a week and the right elbow injection gave her pain relief for about a week over the lateral epicondylar region. Re-evaluation note dated 08/27/2013 indicated the patient stated the right shoulder felt good. There was minimal swelling and there was 3/10 pain. Objective findings on exam included +3 tenderness, right elbow; light touch sensation right lateral shoulder, right thumb tip, right long tip, and right small tip were diminished. PR-2 note dated 08/27/2013 documented the patient to be post-op 1 week with right shoulder pain as 3/10. PR-2 note dated 09/03/2013 indicated the patient had right shoulder surgery done and the patient stated she was to start physical therapy tomorrow 09/04/2013). The patient received new medications which was Vicodin. PR-2 note dated 09/17/2013 documented the patient to be symptomatic. Objective findi

IMR ISSUES, DECISIONS AND RATIONALES

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

Right epicondyle reconstruction with neurolysis of radial nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), pg. 34.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) pgs. 34-38.

Decision rationale: According to the MTUS/ACOEM guidelines, "Quality studies are available on surgery for patients with chronic symptoms of lateral epicondylalgia, although they used different surgical techniques and did not include an observation group. Benefits of less invasive procedures are suggested. This option is high cost, invasive, and has moderate side effects. Thus, surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered." Regarding neurolysis of radial nerve guidelines indicate, "Quality studies are not available on surgical treatment for radial nerve entrapment and there is no evidence of its benefits. If, after at least 3-6 months of conservative treatment, the patient fails to show signs of improvement, surgery may be a reasonable option if there is unequivocal evidence of radial tunnel syndrome that includes positive electrodiagnostic

studies and objective evidence of loss of function as outlined above. Surgical options for this problem are high cost, invasive, and have side effects. Yet, lack of improvement may in infrequent circumstances necessitate surgery and surgery for this condition is recommended." In this case, this patient underwent right elbow surgery on 03/22/2011 of unknown procedure. A most recent note dated 12/10/2013 indicates physical exam findings of tenderness over lateral epicondyle, mild (4/5) weakness over elbow extensors and finger flexors, and sensation was intact in shoulder, thumb and fingertips. The patient has had EMG/NCS done on 02/07/2013 that was normal. There is documentation that prior trial of physical therapy to right elbow resulted in minimal relief. However, there is no documentation that the patient was treated with injection at the radial nerve region. The request for a right epicondyle reconstruction with neurolysis of radial nerve is not medically necessary and appropriate.

Shockwave therapy once a week for three weeks 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Reviewer based his/her decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) pg. 29, and the Official Disability Guidelines (ODG), Elbow (Acute and Chronic), Extracorporeal shockwave therapy (ESWT).

Decision rationale: According to the California MTUS/ACOEM guidelines and the Official Disability Guidelines (ODG), shockwave therapy for elbow is not recommended. MTUS/ACOEM guidelines indicate "despite improvement in pain scores and pain-free maximum grip strength within groups, there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with forearm-stretching program and treating with forearm-stretching program alone, with respect to resolving pain within an 8-week period of commencing treatment." As per ODG, "Based upon systematic review of nine placebo-controlled trials involving 1006 participants, high-energy shock wave therapy provides little or no benefit in terms of pain and function in lateral elbow pain. There is evidence that steroid injection may be more effective than ESWT." In this case, there is no mention of or about prior surgical procedure to the right elbow as well as right elbow injections were considered. The request for shockwave therapy once a week for three weeks for the right elbow is not medically necessary and appropriate.