

Case Number:	CM13-0069854		
Date Assigned:	01/03/2014	Date of Injury:	03/21/2005
Decision Date:	06/04/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 Management, 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:

The patient is a 59-year-old who sustained a cumulative trauma from October 12, 2002 to October 12, 2012. Prior treatment history has included physical therapy, acupuncture, chiropractic therapy, home exercise program, and medications. The patient is not interested in cortisone injections. PR2 dated November 12, 2013 states the patient complains of on and off flare-ups in the cervical spine, lumbar spine, right shoulder and right elbow. On exam, the right elbow revealed tenderness over the lateral, greater than medial epicondyle; Cozen's and reverse Cozen's test were positive and range of motion is limited in all planes. The patient is not interested in injections at this time. The treatment plan is RFA ESWT right elbow to decrease pain, and increase ADL's. She instructed to continue HEP and H-wave. She will be scheduled for a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT TO RIGHT ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 229. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute and Chronic), Extracorporeal shockwave therapy (ESWT).

Decision rationale: According to the Elbow Disorders Chapter of the ACOEM Practice Guidelines and the ODG, there are no quality studies available on ESWT in acute, subacute, and chronic lateral epicondylalgia. The benefits from this treatment have not been shown in the treatment of elbow pain. There is lack of support through guidelines and it is not specified regarding the number of sessions of ESWT requested. The request for ESWT to right elbow is not medically necessary and appropriate.