

Case Number:	CM13-0072274		
Date Assigned:	01/17/2014	Date of Injury:	03/15/2011
Decision Date:	06/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/30/2013

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 Emergency Medicine and is licensed to practice in New York. 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 was injured on March 15, 2011. The patient continued to experience left elbow pain. Physical examination was notable for tenderness to palpation over the lateral epicondyle with pain elicited by Cozen's test. Diagnosis was left elbow lateral epicondylitis. Treatment included medications, TENS unit, home exercise program, Request for authorization for low energy extra-corporeal shock-wave treatment 3 per diagnosis weekly for 2 weeks was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOW ENERGY EXTRA-CORPOREAL SHOCK-WAVE TREATMENT 3 TIMES (3 PER DIAGNOSIS 1 TIMES A WEEK TIMES 2 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 598. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow - Extracorporeal shockwave therapy (ESWT)

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), Elbow - Extracorporeal shockwave therapy (ESWT)

Decision rationale: Extracorporeal shock therapy is not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. 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. Therefore, the request for low energy extra-corporeal shock-wave treatment 3 times (3 per diagnosis 1 times a week times 2 weeks) is not medically necessary and appropriate.