

<b>Case Number:</b>	CM14-0002421		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/07/2008
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Occupational Medicine 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:

Treatment to date has included medications, physical therapy, acupuncture, and right shoulder cortisone injections. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of right shoulder pain and was unable to lift the arm greater than 90 degrees. The patient also complained of stabbing and burning right elbow/forearm pain, increased with supination and pronation, and accompanied by forearm numbness. MRI of the right shoulder dated August 21, 2013 revealed mild acromioclavicular arthrosis and no rotator cuff or labral tear was identified. On physical examination, the patient's posture and gait were within normal limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **UNKNOWN EXTRACORPOREAL SHOCK WAVE THERAPY SESSIONS FOR THE RIGHT SHOULDER AND ELBOW: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 201-205,33-40.

**Decision rationale:** According to pages 33-40 and 201-205 of the ACOEM Practice Guidelines as referenced by CA MTUS, quality studies are available on extracorporeal shockwave therapy (ESWT) in acute, subacute, and chronic lateral epicondylalgia patients but benefits have not been shown. ESWT for the shoulder may be recommended for calcifying tendinosis. In this case, the medical records failed to establish circumstances such as calcifying tendinosis that would warrant ESWT despite strong adverse evidence. Therefore, the request for unknown extracorporeal shock wave therapy sessions for the right shoulder and elbow is not medically necessary.