

<b>Case Number:</b>	CM14-0002492		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	06/25/2014	<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 Anesthesiology, 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:

This is a 48-year-old male employed by [REDACTED] with an 11/29/12 date of injury. The patient was lifting a sheet of drywall unassisted and noticed the immediate onset of a "snapping" sensation in the left upper arm followed by pain. A 10/25/13 progress report indicated the patient had 2/10 left shoulder pain and 3/10 left elbow pain. He was able to do most activities, but still had some limitations with rotator pain of the left upper extremity with prolonged activities. Diagnostic Impression is AC Joint Osteoarthritis, Left Elbow Pain, Ulnar Neuropathy. Treatment-to-date: medication management, FCE, EMG/NCS. A UR decision dated 12/16/13 denied the request for Shockwave Therapy to the left shoulder and left elbow due to the fact that the history and documentation do not support the request. The indications for the treatment are not described and there is no documentation of adhesive capsulitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SHOCKWAVE THERAPY X 3 TO LEFT ELBOW: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009: §9792.23.3. Elbow Disorders: Occupational Medici.

**Decision rationale:** The CA MTUS states that quality studies are available on extracorporeal shockwave therapy in acute, sub acute, 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. Thus, there is a strong recommendation against using extracorporeal shockwave therapy. The requesting provider failed to establish circumstances that would warrant ESWT despite strong adverse evidence. In addition, the patient is documented to be improving in regards to his arm pain. It is unclear why shockwave therapy would be medically necessary for this patient. This request, as submitted, is not medically necessary.

**SHOCKWAVE THERAPY X 3 TO THE LEFT SHOULDER:** 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 Official Disability Guidelines (ODG) Shoulder Chapter

**Decision rationale:** The CA MTUS does not address this issue. ODG states that Extracorporeal Shockwave Therapy (ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. The criteria includes constant pain despite 6 months of standard treatment, and at least 3 conservative treatments performed previously. However, there is no clear diagnosis of calcifying tendinitis in this patient. There is no clear description of failure of conservative management. The patient, on his office visit note on 10/25/13, was noted to be improving. There is no clear rationale provided as to why this patient needs ESWT for the shoulder. This request, as submitted, is not medically necessary.