

Case Number:	CM14-0006777		
Date Assigned:	02/07/2014	Date of Injury:	03/04/2010
Decision Date:	07/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

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 Internal 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:

The patient is a 59-year-old male who has submitted a claim for right elbow sprain/strain, right wrist sprain/strain, rule out right carpal tunnel syndrome, and insomnia associated with an industrial injury date of 3/4/2010. Medical records from 2013 were reviewed. Patient complained of persistent right elbow pain radiating to the 5th digit, associated with numbness, nocturnal paresthesia, and tingling sensation. Constant pain was likewise noted at the right thumb, aggravated by gripping and grasping. This resulted to dropping off objects unintentionally. Physical examination revealed restricted range of motion towards supination and pronation of right elbow. Medial aspect of right elbow was tender. There were no bruising, swelling, atrophy, or lesion. Flick maneuver was negative. Both Tinel's and Phalen's tests were positive. Treatment to date has included physical therapy, aquatic therapy, and medications such as tramadol, Flexeril, omeprazole, gabapentin, and topical medications. Utilization review from 1/3/2014 denied the request for 3 extracorporeal shockwave therapy for the right elbow and wrist between 12/27/2013 and 2/10/2014 because it is not recommended by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) EXTRACORPOREAL SHOCKWAVE THERAPY SESSIONS FOR THE RIGHT ELBOW AND WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

Decision rationale: CA MTUS ACOEM Guideline states that studies are available on extracorporeal shockwave therapy (ESWT) in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option has some short-term side effects. In this case, patient has persistent right elbow and right wrist pain despite physical therapy, aquatic therapy, and intake of medications. However, 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. Moreover, MTUS does not specifically address the topic of extracorporeal shockwave therapy for the wrist. The medical necessity was not established due to insufficient information. Therefore, the request for Three (3) Extracorporeal Shockwave Therapy Sessions for the Right Elbow and Wrist is not medically necessary.