

Case Number:	CM14-0007003		
Date Assigned:	02/07/2014	Date of Injury:	12/17/2012
Decision Date:	06/09/2014	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 Orthopedic Surgery, 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 record notes a 44-year-old individual with a date of injury of December 18, 2012. A progress note dated December 12, 2013 is provided for review, indicating that the claimant has presented for a follow-up evaluation with continued pain in the right elbow. Stiffness and weakness is reported. The symptoms are aggravated with lifting, pushing, and pulling. An intermittent pain in the right wrist is also noted. Stiffness, tingling, and weakness that occurs with grabbing, grasping, gripping, and squeezing is documented. Sensation is diminished in the ulnar and median nerve distribution. Range of motion is 0-100° and painful. A positive Cozen's sign is noted. 3+ tenderness to palpation of the dorsal, lateral, medial, and volar wrist is noted. Phalen's test is positive and Finkelstein's test is positive. The diagnoses include right shoulder impingement syndrome, right shoulder sprain/strain, right elbow pain, right elbow sprain/strain, right lateral epicondylitis, right TFCC tear, right wrist bursitis, right wrist pain, and right wrist sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 598.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 598. Decision based on Non-MTUS Citation the Official Disability Guidelines.

Decision rationale: The ACOEM guidelines do not recommend electrocorporeal shockwave therapy for the treatment of lateral epicondylalgia (tennis elbow), as there is strong evidence that this therapy is not effective for the treatment of this diagnosis. Additionally, this treatment is not supported by the Official Disability Guidelines for the treatment of lateral epicondylalgia. As such, the request is not medically necessary.