

Case Number:	CM14-0008675		
Date Assigned:	02/12/2014	Date of Injury:	09/17/2012
Decision Date:	07/14/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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:

The patient is a 47-year-old female who has submitted a claim for elbow sprain and strain, and lateral epicondylitis; associated with an industrial injury date of 09/17/2012. Medical records from 01/09/2013 to 02/07/2014 were reviewed and showed that patient complained of right elbow pain, graded 5/10, associated with repetitive movement. Physical examination showed tenderness over the lateral elbow. Muscle spasms were noted in the volar forearm. Cozen's test was positive on the right. Motor testing was normal. Sensation was intact. MRI of the right elbow, dated, 03/05/2013, revealed small joint space effusion, and mild tendinitis of the medial collateral ligament. Treatment to date has included oral and topical analgesics, and muscle relaxants. Utilization review, dated 01/06/2014, denied the request for extracorporeal shockwave therapy (ESWT) because it is not recommended for lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY RIGHT ELBOW 3 SESSIONS: 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) Elbow Chapter (updated 05/07/13), Extracorporeal Shockwave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Extracorporeal Shockwave Therapy (ESWT).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that extracorporeal shock wave therapy (ESWT) is not recommended for lateral epicondylitis. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. In this case, the patient complains of right elbow pain, with MRI findings of lateral epicondylitis. However, guidelines do not support the use of ESWT for lateral epicondylitis. Therefore, the request for shockwave therapy right elbow 3 sessions is not medically necessary.