

Case Number:	CM14-0100413		
Date Assigned:	07/30/2014	Date of Injury:	09/01/2010
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Orthopaedic 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:

This 55-year-old female accounts coordinator sustained an industrial injury on 9/1/10, relative to repetitive work activities. Past surgical history was positive for bilateral carpal tunnel release. The patient was diagnosed with bilateral medial and lateral epicondylitis, right wrist tendinitis, and right shoulder impingement. The 3/6/14 bilateral elbow ultrasound report documented bilateral common flexor/extensor tendon origin edema, microtears and fibrosis. The bilateral cubital tunnel region, distal biceps tendons, and triceps tendons were normal. The 4/11/14 treating physician report cited complaints of bilateral grade 5/10 elbow pain with gripping and grasping. There was tenderness to palpation over the lateral more than medial epicondyle. There was decreased range of motion. The shockwave treatment request form documented a diagnosis of bilateral medial and lateral epicondylitis. Conservative treatment had included physical therapy, anti-inflammatories, and cortisone injections. The 6/18/14 utilization review denied the request for extracorporeal shockwave therapy based on an absence of documented medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

High and/or low energy extracorporeal shockwave treatment (bilateral elbows), 5 per diagnosis, 1 treatment every two weeks; 1 times 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 15, 29.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): =29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Total Knee Arthroplasty.

Decision rationale: The California MTUS guidelines strongly recommend against the use of extracorporeal shockwave therapy in the treatment of lateral epicondylitis. Quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. There is no compelling reason presented to support the medical necessity of extracorporeal shockwave therapy to the bilateral elbows in the absence of guideline support for this modality. Therefore, this request for high and/or low energy extracorporeal shockwave treatments to the bilateral elbows is not medically necessary.