

Case Number:	CM14-0010050		
Date Assigned:	02/21/2014	Date of Injury:	10/18/2012
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine & Rehabilitation 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 patient sustained a cumulative trauma injury to her hands/wrists on 10/18/12. Report of 1/17/13 from hand specialist noted patient with wrists pain with numbness in both hands. Nerve studies of 11/28/12 showed mild left and moderate right median neuropathy at wrists. Exam showed no tenderness over the elbows; no atrophy; stable radioulnar joints; positive Tinel's of median nerve in both wrists; decreased sensation of both thumbs, index, and middle fingers; flexor and extensor tendons intact. Diagnoses included bilateral carpal tunnel syndromes. Treatment included trial of 6 sessions of acupuncture, night braces and modified work. Conservative care has included rest, ice, NSAIDs, physical therapy, acupuncture, home exercise and bracing. The patient is currently treating with current provider for diagnoses of bilateral lateral epicondylitis. Review of records indicated the requesting provider has performed previous ESWT treatment despite non-certification multiple times since June 2013. Hand-written and somewhat illegible report of 8/15/13 from the provider noted patient with bilateral wrist pain with associated bruising; received home EMS/thermaphore which decrease spasm. No objective findings documented with plan for IM consult; patient defers wrist injection/carpal tunnel release at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 LOW ENERGY EXTRACORPOREAL SHOCKWAVE TREATMENTS PER DIAGNOSIS (BILATERAL LATERAL EPICONDYLITIS): Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis and do not recommend for elbow strain/sprain or epicondylitis as long-term effectiveness has not been evident. Diagnosis include carpal tunnel syndrome and bilateral lateral epicondylitis of the elbows. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. Previous hand specialist did not identify or document any elbow symptoms or remarkable clinical findings. The patient is noted to have underwent previous ECSW treatment without any functional benefit from prior treatment documented. Therefore, the request for 3 low energy extracorporeal shockwave treatments per diagnosis (Bilateral Lateral Epicondylitis) is not medically necessary and appropriate.