

Case Number:	CM14-0010306		
Date Assigned:	02/21/2014	Date of Injury:	06/06/2012
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
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 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:

Patient is a 50 year-old female with date of injury June 6, 2012. The medical report associated with the request for authorization, a worker's compensation consultation report, dated December 11, 2013, lists subjective complaints as pain on the lateral aspect of the elbow and aching sensation which sometimes wakes her up at night. Objective complaints: Examination of the right elbow revealed decreased range of motion (5-120 degrees), and full pronation and supination. Tenderness on the lateral epicondyle was noted. There was also pain with resisted wrist extension. An MRI performed on December 2, 2013 revealed intact collateral ligaments and intact cartilage. Patient had a tear of the common extensor tendon which is consistent with lateral epicondylitis. Diagnosis: 1. Right elbow lateral epicondylitis, common extensor tendon tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

SONOREX TREATMENT RIGHT ELBOW X3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , ELBOW DISORDERS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine (ACOEM), ELBOW COMPLAINTS, , 29

Decision rationale: The Elbow Disorders Chapter of the ACOEM Practice Guidelines states that despite improvement in pain scores and pain-free maximum grip strength within groups, there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with forearm-stretching program and treating with forearm-stretching program alone, with respect to resolving pain within an 8-week period of commencing treatment. The request for Sonorex treatment for the right elbow, three sessions, is not medically necessary or appropriate.