

Case Number:	CM14-0011074		
Date Assigned:	02/21/2014	Date of Injury:	06/23/2003
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 59 year old female with date of injury 6/23/03. The mechanism of injury is described as repetitive data entry. The patient has complained of right elbow and right arm pain since the date of injury. She has been treated with acupuncture, physical therapy and medications. There are no radiographic data included for review. EMG/ NCV studies of the right upper extremity performed 03/2013 were negative. Objective: tenderness to palpation at right lateral epicondyle. Diagnosis: right lateral epicondylitis, chronic. Treatment plan and request: Extracorporeal shock wave therapy x 5 treatments, right elbow.

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 QUANTITY 5 RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2008, ELBOW DISORDERS, 598

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

Decision rationale: According to the MTUS/ACOEM Guidelines cited above, Extracorporeal shock wave therapy is not recommended for the treatment of lateral epicondylitis and there is strong evidence against using this therapy for the treatment of lateral epicondylitis. On the basis of the above guideline, extracorporeal shock wave therapy is not indicated as medically necessary in this patient. The request for high and or low energy extracorporeal shockwave treatment quantity 5 right elbow, is not medically necessary and appropriate.