

Case Number:	CM14-0012766		
Date Assigned:	02/21/2014	Date of Injury:	12/17/2010
Decision Date:	07/07/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/31/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 59-year-old female with a reported date of injury on 12/17/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses include supraspinatus rotator cuff tear, right long head biceps tenosynovitis, right shoulder bursitis, right acromial joint hypertrophy, narrowing of the subacromial space, right glenoid labrum/biceps degeneration and left shoulder partial thickness tear, status post right De Quervain's release in 2011, and right elbow medial/lateral epicondylitis. Her previous treatments included cortisone injection, surgeries, medications, physical therapy, home exercises, braces, and acupuncture. The progress note dated 12/23/2013 reported the range of motion to the right elbow as flexion 135 degrees and extension to 0 degrees, supination to 70 degrees and pronation to 70 degrees. The progress note reported the injured worker had completed 5/6 acupuncture sessions for pain control and was able to do more activities of daily living and pain was no longer radiating distally to her wrist and forearm. The progress note dated 01/31/2014 reported the injured worker complained the right elbow symptoms were worsening and was requesting a shockwave treatment. The range of motion testing to the right elbow noted flexion 131 degrees, extension 0, supination to 74 degrees and pronation to 76 degrees. The request for authorization form dated 12/23/2013 is for shockwave therapy due to right medial and lateral epicondylitis to the 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 FOR RIGHT MEDIAL AND RIGHT LATERAL EPICONDYLITIS- FIVE (5) TIMES (FIVE PER DIAGNOSIS , ONE TREATMENT EVERY TWO WEEKS) ENERGY LEVEL TO BE DETERMINED AT TIME OF TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30.

Decision rationale: High and/or low energy extracorporeal shockwave treatment for right medial and right lateral epicondylitis 5 times (5 per diagnosis, 1 treatment every 2 weeks) energy level to be determined at time of treatment is non-certified. The injured worker has complaints of elbow pain that is worsening despite previous treatments. The California Medical Treatment Utilization Schedule (MTUS) Guidelines/ American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not recommend extracorporeal shockwave therapy for acute, subacute, and chronic lateral/medial epicondylitis. The guidelines state there is strong evidence that extracorporeal shockwave therapy is not effective in the management of lateral/medial epicondylalgia. Thus, it is not recommended. The documentation provided does not mention if her physical therapy was related to her elbow or other injured areas such as the shoulders, her wrists. Therefore, the request is not medically necessary and appropriate.