

Case Number:	CM14-0014159		
Date Assigned:	02/26/2014	Date of Injury:	04/26/2012
Decision Date:	06/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/04/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of April 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reportedly negative electrodiagnostic testing of the upper extremities on May 18, 2012; extensive periods of time off of work, on total temporary disability; and ultrasound testing of the right elbow of March 28, 2013, notable for common extensor tendonitis. In a Utilization Review Report of January 17, 2014, the claims administrator apparently denied a request for extracorporeal shock wave therapy. The utilization reviewer's rationale appears to have been truncated. In a report dated October 10, 2013, the attending provider apparently sought authorization for extracorporeal shock wave therapy for the applicant's right elbow pain. The applicant was placed off of work, on total temporary disability. The note was sparse, handwritten, difficult to follow, and not entirely legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TREATMENT EVERY 2 WEEKS HIGH AND / OR LOW ENERGY EXTRA CORPOREAL SHOCK WAVE 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): 29.

Decision rationale: As noted in the MTUS-adopted 2007 ACOEM Practice Guidelines, page 29, extracorporeal shock wave therapy for the elbow is "strongly recommended against." In this case, the attending provider did not proffer any applicant's specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. The documentation on file was sparse, handwritten, not entirely legible, and difficult to follow. Therefore, the request is not medically necessary.