

Case Number:	CM14-0016492		
Date Assigned:	04/11/2014	Date of Injury:	07/18/2013
Decision Date:	05/29/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/10/2014

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 Interventional Spine 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 is a 29 year-old male who was injured on 7/18/13. According to the 10/16/13 first report from [REDACTED], the patient was lifting a heavy beam and injured both elbows. The exam and diagnoses are not legible. On 1/13/14 UR recommended against shockwave therapy for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY ON THE RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 38.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 31.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with elbow pain. I have been asked to review for shockwave therapy for the right elbow. According to 8CCR Â§ 9792.23.3. (a) The Administrative Director adopted the revised 2007, chapter 10/elbow into the MTUS guidelines. The MTUS/ACOEM chapter 10, specifically recommends against using extracorporeal shockwave therapy for the elbow. The request for shockwave therapy for the right

elbow is not in accordance with the MTUS/ACOEM recommendations. The request for shockwave therapy of the right elbow is not medically necessary.