

<b>Case Number:</b>	CM14-0113689		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 licensed in Chiropractic 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 patient is a 51-year-old male [REDACTED]. He has a date of injury on 10/31/2012, but no history of mechanism of injury was provided for this review. The patient underwent left elbow MRI on 03/14/2014 with findings of relative hypertrophic changes of the proximal radius and ulna, and tendinosis of the insertion of the triceps tendon. The chiropractor's PR-2 of 05/20/2014, reports patient complaints of intermittent moderate dull, achy, sharp left elbow pain, numbness and tingling associated with repetitive twisting, repetitive gripping and repetitive pushing. By examination there was tenderness to palpation of the anterior elbow, forearm, lateral elbow, lateral epicondyle, medial elbow, olecranon process and posterior elbow; there was muscle spasm of the medial forearm; positive findings on Cozen's and Mill's, left elbow flexion 140/140, and left elbow extension 0/. The patient was diagnosed with left elbow neuralgia (354.9), left elbow sprain/strain (841.9), left elbow tenosynovitis (727.09), left lateral epicondylitis (726.32), and left medial epicondylitis (726.31). The patient had treated with 19 physical therapy visits by 05/20/2014 and was to remain off work until 07/04/2014. The chiropractor requested 3 sessions of shockwave for the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Shockwave Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic), Procedure Summary - Extracorporeal Shockwave Therapy. Updated

**Decision rationale:** The request for 3 shockwave sessions for the left elbow is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) makes no recommendations for or against shockwave sessions in the treatment of elbow conditions; therefore, ACOEM and ODG are the reference sources and neither supports medical necessity for the requested shockwave therapy sessions. ACOEM reports extracorporeal shockwave therapy is strongly recommended against in the treatment of elbow complaints. ODG reports extracorporeal shockwave therapy is not recommended in the treatment of elbow complaints.