

Case Number:	CM14-0137918		
Date Assigned:	09/05/2014	Date of Injury:	07/26/2002
Decision Date:	10/08/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 July 26, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; work restrictions; bracing; earlier carpal tunnel release surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 19, 2014, the claims administrator denied a request for extracorporeal shock wave therapy for the elbows. The applicant's attorney subsequently appealed. In a February 12, 2014 progress note, the applicant reported persistent complaints of shoulder, wrist, and elbow pain. The applicant was using tramadol and Neurontin, it was stated. A rather proscriptive 10-pound lifting limitation was endorsed. It did appear that the applicant was working with said limitation in place. In a subsequent note dated April 14, 2014, the applicant reported persistent complaints of wrist pain radiating into the elbow. Positive Tinel and Phalen signs were appreciated about the bilateral wrist with tenderness noted about the elbow epicondylar regions. A 10-pound lifting limitation was endorsed. It was stated that the applicant was working with said limitation in place. Tramadol and Neurontin were also prescribed. On July 30, 2014, the applicant again reported persistent complaints bilateral upper extremity pain, with tenderness appreciated about the bilateral lateral epicondyles. The applicant was using tramadol and Neurontin. The extracorporeal shock wave therapy at issue was sought via a request for authorization form dated August 12, 2014, the claims administrator suggested.

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 x3 (3 per diagnosis, 1 treatment every 2 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 15, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Elbow Procedure Summary

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 29, extracorporeal shock wave therapy for the elbow, the body part at issue here, is "strongly recommended against." In this case, no compelling applicant-specific rationale or medical evidence was attached to the request for authorization so as to offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.