

<b>Case Number:</b>	CM14-0138597		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 39 year-old female was reportedly injured on 07/26/2013. The most recent progress note, dated 07/11/2014, indicates that there are ongoing complaints of right shoulder and right elbow pain. The physical examination is handwritten and only partially legible. It states right shoulder: positive tenderness supraspinatus tendon, subacromial range of motion with pain. Forward flexion 138, abduction 40, adduction 10, and internal rotation 30 external rotation. Right elbow positive tenderness to palpation at medial and lateral epicondyle. Diagnostic imaging studies include an ultrasound of bilateral shoulders dated 4/24/2014 which reveals right supraspinatus tendinosis, partial rotator cuff tear. Right AC joint osteophyte formation. Right biceps tenosynovitis, subacromial bursitis. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for shockwave therapy for the right elbow, and was not certified in the pre-authorization process on 07/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shock wave therapy for the right elbow:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC; ODG Treatment Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic): Extracorporeal Shock Wave Therapy (ESWT) (updated 08/27/14).

**Decision rationale:** According to ODG guidelines extracorporeal shockwave therapy is not recommended. High-energy ESW T is not supported, but low energy ESW may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESW T for lateral elbow pain can presently be neither confirmed nor excluded. Therefore after reviewing guideline criteria this request is deemed not medically necessary.