

Case Number:	CM14-0138720		
Date Assigned:	09/05/2014	Date of Injury:	08/08/2006
Decision Date:	10/09/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	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 Texas and Ohio. 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 injured worker is a 59 year old male who reported injury on 08/08/2006. The mechanism of injury was repetitive motion. He has been diagnosed with right elbow medial and lateral epicondylitis. His past treatments include acupuncture, medications, a home exercise program, chiropractic therapy, use of a TENS unit, and previous extracorporeal shock wave therapy. His medications included Anaprox. The 05/12/2014 clinical note is handwritten and difficult to decipher. The legible information included subjective complaints of right lateral elbow pain and objective findings of tenderness to palpation of the right medial and lateral epicondyles, decreased range of motion, and a positive Tinel's sign. The treatment plan included continued medications, a diagnostic ultrasound, and extracorporeal shock wave therapy for his right elbow lateral epicondylitis as it was noted to have been helpful in the past. The Request for Authorization form for 3 High and Low Energy Extracorporeal Shock Wave Treatments was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) High and Low Energy Extracorporeal Shock Wave Treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

Decision rationale: According to the California MTUS/ACOEM guidelines, extracorporeal shock wave treatment is not recommended based on lack of evidence of significant benefit. The injured worker has a history right elbow medial and lateral epicondylitis. A recommendation was made for extracorporeal shock wave treatment as it was noted that this treatment had been helpful in the past. However, the referenced guidelines state that this treatment modality is specifically not recommended for the treatment of lateral epicondylitis. As such, the request for three (3) high and low energy extracorporeal shock wave treatments is not medically necessary.