

Case Number:	CM14-0138900		
Date Assigned:	09/05/2014	Date of Injury:	01/05/2012
Decision Date:	10/02/2014	UR Denial Date:	08/05/2014
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 and 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:

The patient is a 53-year-old male with date of injury of 01/05/2012. The listed diagnoses per [REDACTED], dated 05/20/2014 are: 1. De Quervain's tenosynovitis on the left wrist. 2 Mild carpal tunnel syndrome, left. 3. Lateral epicondylitis, left. According to this report, the patient continues to complain of left elbow and left wrist pain. He is currently undergoing physical therapy. The physical examination of the elbow and wrist shows tenderness over the lateral epicondyle and tenderness over the left wrist over the radial styloid as well as over the flexor surface. Positive Finkelstein's test and compression test over the median nerve of the wrist. The utilization review denied the request on 08/05/2014.

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 x 4 (1 treatment every 2 weeks) to Left Elbow.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) ODG-TWC guidelines has the following regarding ESWT for elbow problems: (<http://www.odg-twc.com/odgtwc/elbow.htm>)

Decision rationale: The ACOEM Guidelines page 235 on ESWT for the elbow states, "published randomized clinical trials are needed to provide better evidence for the use of many physical modalities that are commonly employed. Some therapists use a variety of procedures; conclusions regarding their effectiveness may be based on anecdotal reports or case studies." ODG further states that ESWT for the elbow is not recommended when using high energy ESWT, but under study is low energy ESWT where the latest study show better outcomes without the need for anesthesia. The criteria for use includes: patient's pain from lateral epicondylitis has remained despite 6 months of treatment; at least 3 conservative treatments have been performed; contraindicated for pregnant women; maximum of 3 therapy sessions over 3 weeks. The 07/14/2014 AME notes that the patient started a course of shockwave therapy once every other week and reports "no help with the shockwave therapy." It appears that the treater went ahead and proceeded with ESWT before UR denied it on 08/05/2014. ODG does not support the use of high energy ESWT for the treatment of epicondylitis. While a trial of low energy ESWT may be reasonable, the requested 4 treatments exceed ODG Guidelines. High and/or Low Energy Extracorporeal Shockwave Treatment x 4 (1 treatment every 2 weeks) to Left Elbow is not medically necessary.