

Case Number:	CM14-0138910		
Date Assigned:	09/05/2014	Date of Injury:	04/30/2010
Decision Date:	10/02/2014	UR Denial Date:	08/01/2014
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 52 year old female with an injury date of 04/30/10. Based on 07/24/14 progress report provided by [REDACTED], the patient complains of sharp and burning pain in the left elbow with radiating pain into the neck and fingers, associated with tingling and stiffness sensations, The pain is aggravated by all activities and is rated 8/10. Physical examination to the left elbow shows no swelling, lacerations or deformity. There is tenderness over the radial head area. There is also limited range of motion on extension, flexion, pronation and supination of elbow. No fractures detected on X-Ray dated 07/24/14. Based on 04/10/14 progress report provided by [REDACTED], patient complains of lumbar pain and weakness. He also complains of left elbow pain with spasm and loss of range of motion. On physical examination, the lumbar spine muscles shows palpable pain, spasm and trigger points. Bilateral lower extremities are weak. Diagnosis 04/10/14- left elbow sprain strain- lumbar spondylosis- lumbar radiculitis- lumbar discitis [REDACTED] is requesting 1. Shock wave Therapy times to the left elbow, left elbow qty.4 2. Physical Therapy times 12 for the low back. The utilization review determination being challenged is dated 08/01/14. The rationale follows:1. Shock wave Therapy times to the left elbow, left elbow qty. 4: " It seems that the patient has epicondylitis, but there is no information about prior treatment, current exam findings, surgery,etc. Absent critically necessary clinical data, this reviewer is unable to recommend any treatment."2. Physical Therapy times 12 for the low back: "There are no updated exam findings and no history of prior treatment, including physical therapy, medications, injections, and surgery." [REDACTED] is the requesting provider, and he provided treatment reports from 03/25/14 - 08/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock wave Therapy times to the left elbow, left elbow qty:4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 31.

Decision rationale: Patient presents with sharp and burning pain in the left elbow. Request is for Shock wave Therapy times to the left elbow, left elbow qty. 4. Progress report dated 07/24/14 shows limited range of motion on extension, flexion, pronation and supination of elbow. Diagnosis given on 04/10/14 was left elbow sprain strain. Regarding Extracorporeal Shockwave Therapy to ELBOW, ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), page 31 state the following: "Twelve articles were reviewed,... One of the meta-analyses reviewed two studies, concluding "no added benefit of ESWT over that of placebo in the treatment of LE [lateral epicondylitis]."62 The other review analyzed nine studies (the studies reviewed above) and concluded that "when data were pooled, most benefits were not statistically significant. No difference for participants early or late in the course of condition."92 Quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy [Evidence (A), Strongly Recommended Against]." ACOEM guidelines strongly recommend against requested procedure to the elbow. Treatment is not medically necessary and appropriate.

Physical Therapy x12 for the Low Back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Patient presents with lumbar pain and weakness. The request is for Physical Therapy x 12 for the low back. He has been diagnosed with lumbar spondylosis, lumbar radiculitis and lumbar discitis. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks." Requested 12 sessions exceed what is allowed per MTUS guidelines. Treatment is not medically necessary and appropriate.

