

Case Number:	CM14-0176342		
Date Assigned:	10/29/2014	Date of Injury:	04/30/2010
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

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 Pain 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:

This is a patient of the date of injury of April 30, 2010. A utilization review determination dated September 26, 2014 recommends noncertification of shockwave therapy for the left elbow and physical therapy for the low back. Noncertification for physical therapy is recommended since the patient has "completed extensive physical therapy with limited if any sustained benefits." An appeal letter dated September 19, 2014 recommends review of the submitted examination from July 24, 2014 to "establish the medical necessity of the requested treatment." A progress report dated July 24, 2014 identifies subjective complaints of left elbow pain. The note indicates that the patient received chiropractic manipulation, work conditioning, physical therapy, and acupuncture. She was also provided with a home exercise kit. Physical examination reveals tenderness over the radial head of the left elbow with limited range of motion. Diagnoses include left elbow soft tissue injury with possible nondisplaced fracture of the radial head. The treatment plan recommends discontinuing the splint to work on range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy times four to the left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Extracorporeal shockwave therapy (ESWT)

Decision rationale: Regarding the request for shockwave treatments for the elbow, Occupational Medicine Practice Guidelines state 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. ODG states extracorporeal shockwave therapy is not recommended. High energy ESWT is not supported, but low energy ESWT 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 ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. As such, the currently requested shockwave treatment for the elbow is not medically necessary.

Physical therapy x 12 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions had previously been provided making it impossible to determine if the current request exceeds the maximum number recommended by guidelines for this patient's diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.