

Case Number:	CM14-0184860		
Date Assigned:	11/12/2014	Date of Injury:	08/01/2000
Decision Date:	12/15/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/06/2014

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:

The injured worker is a 42 year-old male with an original date of injury on 2/12/2014. The mechanism of injury was not provided. The industrially related diagnoses are lateral epicondylitis of elbow, tenosynovitis of hand and wrist, and lumbar sprain and strain. According to a progress note from 9/29/2014, the patient has tried physical therapy without improvement, and has had injection with temporary relief. The injection and physical therapy site was not specified. The disputed issue is the request for 3 sessions of shockwave therapy to left elbow. A utilization review dated 10/14/2014 has non-certified this request. The stated rationale for denial was according to the guidelines from ACOEM chapter 10, extracorporeal shockwave therapy is strongly not recommended. In addition, Official Disability Guidelines was quoted and extracorporeal shockwave therapy is not recommended. As a result, the request was considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy x 3 left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: The American College of Occupational and Environmental Medicine (ACOEM), Update to Chapter 10: Elbow Complaints in the Occupational Medicine Practice Guidelines, 2nd Edition (2007), page(s) 29 specify the following with regard to ESWT: "Extracorporeal Shockwave Therapy. Twelve articles were reviewed, 10 studies [82,83,84,85,86,87,88,89,90,91] and two meta-analyses.[62,92] Of the 10 studies, two were of high quality, five of intermediate quality and three of low quality. One of the high-quality studies⁸² evaluated 60 subjects with symptoms for less than 1 year and more than 3 weeks, treating them with either active extracorporeal shockwave therapy (ESWT) with a simple stretching program (n = 31) or sham ESWT with a simple stretching program (n = 29). The authors concluded that "despite improvement in pain scores and pain-free maximum grip strength within groups, there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with forearm-stretching program and treating with forearm-stretching program alone, with respect to resolving pain within an 8-week period of commencing treatment." The second high-quality study evaluated 272 patients with at least 6 months of conservative treatment (135 received ESWT and 137 received placebo ESWT) and found that ESWT as "applied in the present study was ineffective in the treatment of lateral epicondylitis."⁸⁵ 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]." The Official Disability Guidelines (ODG) Elbow Chapter states the following regarding extracorporeal shockwave therapy (ESWT): "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. (Bisset, 2006) (Haake², 2002) (Buchbinder-Cochrane, 2002) (Boddeker, 2000) (Ko, 2001) (Krischek, 1999) (Rompe, 2001) (Vogt, 2001) (Chung, 2002) (Wang, 2003) (Speed, 2002) (Crowther, 2002) (Blue Cross Blue Shield, 2003) (Chung, 2004) (Theis, 2004) (Stasinopoulos², 2005) (Blue Cross/Blue Shield, 2005) (Bisset, 2005) The results from a recent double-blind study conclude that low-dose shock wave therapy without anesthetic is a safe and effective treatment for chronic lateral epicondylitis (Pettrone, 2005) while another high quality clinical trial concluded that high energy ESWT with anesthesia was ineffective in the treatment of lateral epicondylitis (Haake, 2002). Outcomes may be better in chronic cases (> 12 months) treated with low energy ESWT. (Rompe, 2004) It is not possible to draw firm conclusions concerning the

effect of ESWT on tendinitis of the elbow from the conflicting data reported. This data parallels that for plantar fasciitis in that it is not known whether the different results are due to methodological bias or to differences in the population and intervention. (BlueCross BlueShield, 2004) Based upon systematic review of nine placebo-controlled trials involving 1006 participants, high-energy shock wave therapy provides little or no benefit in terms of pain and function in lateral elbow pain. There is evidence that steroid injection may be more effective than ESWT. (Buchbinder, 2005) (Buchbinder, 2006) A recent health technology review concluded that the lack of convincing evidence regarding its effectiveness does not support the use of ESWT for chronic lateral epicondylitis. (Ho, 2007) See also Radial shockwave therapy (RSWT). See also the Ankle & Foot Chapter, and the Shoulder Chapter. Recent research: A recent double-blind, randomized, placebo-controlled trial to determine whether ultrasound-guided extracorporeal shock wave therapy (ESWT) reduced pain and improved function in patients with lateral epicondylitis (tennis elbow) in the short term and intermediate term found little evidence to support the use of ESWT. There were significant improvements in almost all outcome measures for both groups over the 6-month follow-up period, but there were no differences between the groups even after adjusting for duration of symptoms. (Staples, 2008) Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): If the decision is made to use this treatment despite the lack of convincing evidence. (1) Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment. (2) At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). (3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. (4) Maximum of 3 therapy sessions over 3 weeks." A progress note dating from 9/24/2014 documented the patient has tenderness to palpation over the left lateral epicondyle region on exam. The same progress note indicated the patient was taking Mobic for pain; however, the response to medication is unclear. The note also stated patient has failed physical therapy, though the number of sessions and the location of physical therapy were not provided. An injection has been attempted but again the site was not specified. The guidelines do not strongly support the use of shockwave therapy stating "it is not possible to draw firm conclusions concerning the effect of ESWT on tendinitis of the elbow from the conflicting data reported". Even though patient has documented pain consistent with lateral epicondylitis, the documentation fail to indicate clearly non-response to non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy (PT), and injection to the elbow site. Therefore, this request is not medically necessary.