

Case Number:	CM14-0023277		
Date Assigned:	05/14/2014	Date of Injury:	06/24/2008
Decision Date:	07/10/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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 applicant has filed a claim for chronic elbow, shoulder, hand, wrist, and finger pain reportedly associated with an industrial injury of June 24, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; wrist bracing and extracorporeal shockwave therapy for the elbow. In a utilization review report dated January 15, 2014, the claims administrator denied a request for elbow extracorporeal shockwave therapy, citing non-MTUS ODG Guidelines, although MTUS, through ACOEM, addressed the topic. In a progress note dated October 24, 2013, the applicant was described as reporting persistent elbow pain. The applicant has completed physical therapy with minimal relieve. The applicant was placed off of work, on total temporary disability, and asked to consult an elbow surgeon. The applicant apparently underwent extracorporeal shockwave therapy on December 17, 2013, December 31, 2013, January 14, 2014, and February 5, 2014, it appears.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 SESSIONS OF LOW ENERGY EXTRACORPOREAL SHOCKWAVE TREATMENTS FOR 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), Extracorporeal Shockwave Therapy (EWST).

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

Decision rationale: No, the request for 10 sessions of extracorporeal shockwave therapy for the elbow was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines Chapter 10, page 29, extracorporeal shockwave therapy is strongly recommended against. In this case, the attending provider did not proffer any applicant-specific rationale, narrative, or commentary, which would offset the unfavorable ACOEM recommendation. Therefore, the request was not medically necessary.