

Case Number:	CM14-0030962		
Date Assigned:	06/20/2014	Date of Injury:	06/12/2013
Decision Date:	07/21/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/11/2014

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 is represented [REDACTED] employee who has filed a claim for bilateral elbow pain reportedly associated with an industrial injury of June 12, 2013. The applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; x-rays of numerous body parts; and work restrictions. In a utilization review report dated February 14, 2014, the claims administrator denied a request for extracorporeal shockwave therapy to the bilateral elbows. The applicant's attorney subsequently appealed. A January 16, 2014 progress note was notable for comments that the applicant had persistent complaints of neck pain and bilateral upper extremity pain with associated numbness, tingling, and paresthesias about the bilateral upper extremities. The applicant is given diagnoses of bilateral elbow pain, neck pain, and low back pain. The applicant was asked to follow up pain management and was given refills of Ambien, tramadol, Naprosyn, Prilosec, and Soma. A 15-pound lifting limitation was endorsed. Extracorporeal shockwave therapy was sought. It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

extra corporeal shock wave involving musculoskeletal system, not otherwise specified, high energy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelineselbowextracorporeal shock wave therapy.

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines in Chapter 10, page 29, extracorporeal shockwave therapy for the elbow is "strongly recommended against." In this case, the attending provider has not furnished any compelling medical evidence, which would offset the unfavorable ACOEM recommendation. The documentation on file, as noted previously, is sparse, handwritten, and difficult to follow. Therefore, the request is not medically necessary.

extra corporeal shock wave involving musculoskeletal system, not otherwise specified, low energy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelineselbowextracorporeal shock wave therapy.

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 10, page 29, extracorporeal therapy for the elbows is "strongly recommended against." In this case, the attending provider, as with the other request, did not furnish any compelling medical evidence, which would offset the unfavorable ACOEM recommendation in this handwritten and somewhat difficult to follow progress note. Therefore, the request is likewise not medically necessary.