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| Case Number: | CM14-0032127 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 06/21/2012 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 03/13/2014 |

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 a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of June 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy to date; unspecified amounts of chiropractic manipulative therapy; elbow MRI imaging of July 25, 2013, notable for findings specific for lateral epicondylitis; and extensive periods of time off of work. In a Utilization Review Report dated February 11, 2014, the claims administrator denied a request for three sessions of extracorporeal shockwave therapy, citing a variety of non-MTUS Guidelines, including the 2008 ACOEM Elbow Practice Guidelines, which was erroneously mislabelled as originating from the MTUS. The applicant's attorney subsequently appealed. In a handwritten doctor's first report seemingly dated December 3, 2013, difficult to follow, not entirely legible, the applicant presented with neck and elbow pain. The applicant was given diagnoses of cervical strain and elbow epicondylitis. Acupuncture and physical therapy were endorsed. The applicant was placed off of work, on total temporary disability, for three months. Extracorporeal shockwave therapy and computerized range of motion testing were later sought through a request for authorization form dated January 9, 2014. The RFA form was not attached to any clinical progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave therapy once per week for 3 weeks for right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Extracorporeal shockwave therapy (ESWT).

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 29, extracorporeal shockwave therapy for the elbow is "strongly recommended against." In this case, the attending provider did not proffer any applicant-specific narrative, rationale, commentary, or medical evidence which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.