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| Case Number: | CM14-0034832 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 02/01/2013 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 03/11/2014 |
| Priority: | Standard | Application Received: | 03/20/2014 |

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 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 45 year-old patient sustained an injury on 2/1/13 while employed by [REDACTED]. Request under consideration include extracorporeal shockwave therapy left elbow qty: 1.00. Diagnoses include bilateral index finger tenosynovitis and left elbow lateral epicondylitis/ extensor tendinitis. Conservative treatment has included medications, elbow injections and the patient has remained temporarily totally disabled. Report of 2/7/14 from the provider noted the patient with complaints of left lateral elbow pain and right index with intermittent flare-ups. Exam of left elbow showed tenderness to palpation over lateral epicondyle and proximal wrist extensor tendon; positive Tinel's at elbow eliciting numbness and tingling along ulnar nerve. Treatment plan included ECSW (extracorporeal shockwave) therapy for left elbow. The request for extracorporeal shockwave therapy left elbow qty: 1.00 was non-certified on 3/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy left elbow QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Extracorporeal shockwave therapy (ESWT), pages 112-113.

Decision rationale: This 45 year-old patient sustained an injury on 2/1/13 while employed by [REDACTED]. Request under consideration include extracorporeal shockwave therapy left elbow qty: 1.00. Diagnoses include bilateral index finger tenosynovitis and left elbow lateral epicondylitis/ extensor tendinitis. Conservative treatment has included medications, elbow injections and the patient has remained temporarily totally disabled. Report of 2/7/14 from the provider noted the patient with complaints of left lateral elbow pain and right index with intermittent flare-ups. Exam of left elbow showed tenderness to palpation over lateral epicondyle and proximal wrist extensor tendon; positive Tinel's at elbow eliciting numbness and tingling along ulnar nerve. Treatment plan included ECSW therapy for left elbow. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis and do not recommend for elbow strain/sprain or epicondylitis as long-term effectiveness has not been evident. Diagnosis include lateral epicondylitis of the elbow. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment outside guidelines criteria. The extracorporeal shockwave therapy left elbow qty: 1.00 is not medically necessary and appropriate.