

Case Number:	CM14-0038061		
Date Assigned:	06/25/2014	Date of Injury:	04/25/2011
Decision Date:	08/12/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 ABFP 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:

59-year-old female claimant sustained a work-related injury on April 25, 2011 involving both elbows. She was diagnosed with bilateral elbow epicondylitis. She underwent lateral release of the right elbow but had persistent symptoms. An exam now to on March 5, 2014 indicated she had increased pain with pushing, pulling and lifting. Physical findings were notable for tenderness to palpation over the lateral epicondyles on both elbows. She has normal range of motion in both elbows. The claimant had undergone prior physical therapy, injections as well as acupuncture. The treating physician requested shockwave treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave treatment for the bilateral elbows: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41.

Decision rationale: According to the ACOEM guidelines, Extracorporeal shock wave therapy is not recommended. Quality studies are available on shockwave therapy in several cases of

epicondylitis and benefits have not been shown. The request for shockwave treatment is not medically necessary.