

Case Number:	CM14-0039796		
Date Assigned:	06/27/2014	Date of Injury:	06/15/2011
Decision Date:	08/19/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 53 year old female whose date of injury is 06/15/2011. The mechanism of injury is described as repetitive upper extremity use. EMG/NCV dated 05/23/13 is a normal study. Diagnosis is right elbow lateral epicondylitis. Treatment to date includes chiropractic and acupuncture. Note dated 03/13/14 indicates that examination of the bilateral wrists demonstrates tenderness to palpation over the carpal tunnel and thenar eminence, right greater than left. Tinel's and Phalen's are positive on the right. There is full active range of motion bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five (5) sessions of high and/or low energy extracorporeal shockwave treatment: 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).

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).

Decision rationale: The Official Disability Guidelines (ODG) note that extracorporeal shockwave therapy is not recommended for treatment of the elbow. Official Disability Guidelines states that high energy ESWT is not supported, but low energy ESWT may show

better outcomes without the need for anesthesia, but is still not recommended. Given the lack of support in the Official Disability Guidelines Elbow Chapter, the requested treatment is not medically necessary.