

Case Number:	CM14-0044735		
Date Assigned:	06/23/2014	Date of Injury:	08/08/2012
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
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 & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 patient is a 68 year old with an injury date on 8/8/12. Based on the 12/23/13 progress report provided by [REDACTED] the diagnoses are: 1. Right shoulder sprain/strain. 2. Right elbow lateral epicondylitis. 3. Right tenosynovitis hand/wrist. Exam on 12/4/13 showed "right elbow range of motion normal. 2+ spasm in right elbow, Tenderness to palpation with normal strength 5/5. [REDACTED] is requesting Retrospective request for 1 shockwave treatment to right elbow between 2/11/14 and 2/11/14. The utilization review determination being challenged is dated 3/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/23/13 to 12/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock wave treatment to the right elbow (Date of service 2/11/2014): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines ESWT for elbow problems: (<http://www.odg-twc.com/odgtwc/elbow.htm>) and Ankle & Foot and Shoulder Chapters, Criteria for the use of Extra Crporeal Shock Wave Therapy (ESWT).

Decision rationale: This patient presents with right shoulder pain, right elbow pain, and right wrist pain with tingling/numbness/stiffness. The treater has asked Retrospective request for 1 shockwave treatment to right elbow between 2/11/14 and 2/11/14 on 12/23/13 on 1/17/14 according to utilization review but request for authorization or progress report containing the request is not provided. Patient had unchanged elbow symptoms as early as 10/23/13 report. Patient had physical therapy session on 1/24/14, and at least 3 chiropractic sessions between 8/5/13 and 3/13/14. Regarding Extra Crporeal Shock Wave Therapy (ESWT) for elbow problems ODG states, "Not recommended." ODG states that ESWT is not recommended for epicondylitis at this time. Therefore, the request for shock wave treatment to the right elbow (Date of Service 2/11/2014) is not medically necessary and appropriate.