

Case Number:	CM14-0045407		
Date Assigned:	06/27/2014	Date of Injury:	08/22/2012
Decision Date:	08/15/2014	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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 51-year-old male was reportedly injured on August 22, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 1, 2014, indicates that there were ongoing complaints of ankle pain and left elbow pain. Current medications include Flexeril. The physical examination demonstrated full range of motion of the left ankle. There was tenderness along the anterior talofibular ligament (ATF). There was also tenderness along the right lateral elbow. There was a negative lower extremity straight leg raise test. Diagnoses included elbow epicondylitis, wrist sprain/strain, lumbar disc syndrome, and a cervical spine sprain/strain. Recommendations included proceeding with epidural steroid injections and shockwave therapy for the elbow. Diagnostic imaging studies were not commented on. Previous treatment included an injection for the ankle. A request had been made for three treatments of shockwave therapy for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy, 3 treatments, right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow (updated 02/14/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Extracorporeal Shock Wave Therapy, updated May 15, 2014.

Decision rationale: According to the Official Disability Guidelines, the criteria for the use of extracorporeal shock wave therapy includes having have at least three conservative treatments performed prior to considering the use of shockwave therapy to include rest, ice, Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), orthotics, physical therapy, and injections. According to the attached medical record, the injured employee has had chiropractic care, acupuncture, and medications for conservative treatment thus far. Considering this, this request for three treatments of shockwave therapy for the right elbow is not medically necessary.