

<b>Case Number:</b>	CM14-0047464		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 56 year-old with a date of injury of 12/21/11. A progress report associated with the request for services, dated 02/11/14, identified subjective complaints of hypersensitivity in the right shoulder. Objective findings included painful but improved range of motion of the elbow. Diagnoses were not listed. Treatment has included medications. The record indicated that extracorporeal shockwave would be used on the elbow. A Utilization Review determination was rendered on 03/18/14 recommending non-certification of High and/or low energy extracorporeal shockwave treatment; one every two weeks; five times per diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**High and/or low energy extracorporeal shockwave treatment; one every two weeks; five times per diagnosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 31.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29, 40.

**Decision rationale:** Extracorporeal Shock Wave Therapy (ESWT) is not addressed in the Chronic Pain section of the California Medical Treatment Utilization Schedule (MTUS)

Guidelines. The Elbow Complaints section states that regarding ESWT for lateral epicondylitis, it did not offer a meaningful difference. The Guidelines further state that for elbow conditions, ESWT is not recommended. Therefore, the medical record does not document the medical necessity for ESWT of the elbow.