

Case Number:	CM14-0049507		
Date Assigned:	07/07/2014	Date of Injury:	06/12/2013
Decision Date:	08/21/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 underlying date of injury in this case is 06/12/2013. This patient has been diagnosed with bilateral knee contusions, right wrist sprain, left wrist sprain, lumbosacral sprain, and cervical strain. On 01/16/2014, the patient was evaluated for pain in the cervical spine radiating to the bilateral upper extremities with associated numbness and tingling as well as tenderness in the affected areas. The patient was noted to be tender in the lumbar spine with limited motion. Detailed examination of the elbows was not performed. The patient was diagnosed with lumbar and cervical disc protrusions as well as bilateral elbow sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Shockwave to bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 598. Decision based on Non-MTUS Citation Official Disability Elbow (updated 02/14/14) Extracorporeal shockwave therapy (ESWT).

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.

Decision rationale: The California Medical Treatment Utilization Schedule does not discuss extracorporeal shock wave therapy. The Official Disability Guidelines/Treatment in Workers Compensation/Elbow does discuss this treatment for the elbows and states that this treatment is not recommended. Additionally, this guideline states that "if this treatment is utilized despite the lack of convincing evidence, it should be used only in patients with lateral epicondylitis refractory to 6 months of standard treatment." The medical records in this case do not contain sufficient clinical data to support the diagnosis of lateral epicondylitis, nor do the medical records support a history of 6 months of treatment for this diagnosis. For multiple reasons, the treatment guidelines have not been met for this request. Therefore, this request is not medically necessary.