

Case Number:	CM14-0053035		
Date Assigned:	07/07/2014	Date of Injury:	08/08/2012
Decision Date:	08/25/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and shoulder pain reportedly associated with an industrial injury of August 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; functional capacity testing; unspecified amounts of chiropractic manipulative therapy; and reported diagnosis of lateral epicondylitis. In an April 9, 2014 Utilization Review Report, the claims administrator denied a request for extracorporeal shockwave therapy for the elbow. The request for extracorporeal shockwave therapy was apparently endorsed via a handwritten note dated February 26, 2014. Difficult to follow, not entirely legible. In that note, it was stated that the applicant had already received previous extracorporeal shockwave therapy. Work restrictions were endorsed. The applicant was asked to pursue additional manipulative therapy for the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Shockwave Treatment To The Right Elbow: Upheld

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

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

Decision rationale: As noted in the Elbow Disorders Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, extracorporeal shockwave therapy is strongly recommended against. In this case, no applicant-specific information was proffered to offset the unfavorable Medical Treatment Utilization Section (MTUS) recommendation. It was not clearly stated why extracorporeal shockwave therapy was sought. The documentation on file, as noted previously, was difficult to follow, handwritten, and not entirely legible. Therefore, the request for one shockwave treatment to the right elbow is not medically necessary or appropriate.