

Case Number:	CM14-0082901		
Date Assigned:	07/21/2014	Date of Injury:	02/01/2010
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 injured worker is a 49-year-old female who reported an injury on 02/01/2010. The mechanism of injury was not indicated. Diagnoses included right elbow posttraumatic lateral epicondylitis, radial tunnel syndrome with resultant complex regional pain syndrome, and compensatory insomnia. Her past treatments included topical analgesics, physical, therapy, modified duty, and medications. The clinical note dated 05/29/2013 indicated that the injured worker complained of constant daily pain to her right elbow, ranging from moderate to severe. The injured worker stated that she was able to work with the set restrictions. Upon physical examination of the right elbow, the injured worker had tenderness about the lateral epicondyle and the radial tunnel. Resisted extension of the long digit caused pain about the radial tunnel. There was mild joint swelling and evidence of allodynia. Medications included Salonpas pain patches, Naproxen, and Xoten-C lotion. The treatment plan was for an ergonomic workstation evaluation, extracorporeal shockwave therapy, and pain medications. No more recent clinical notes were submitted for review. The rationale for the request and the Request for Authorization form were also not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shock wave therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 31. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Extracorporeal Shockwave Therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

Decision rationale: The request for orthopedic shock wave therapy is not medically necessary. The injured worker has a history of moderate to severe right elbow pain. The injured worker has some functional deficits and pain, but has been able to perform her job duties with the currently set work restrictions and medication pain management. The California MTUS/ACOEM guidelines state extracorporeal shockwave therapy is not recommended for acute, sub-acute or chronic lateral epicondylalgia. There is strong evidence that extracorporeal shockwave therapy is not effective in the management of lateral epicondylalgia; thus, it is not recommended. The injured worker is diagnosed with lateral epicondylitis of the right elbow. Within the provided documentation, the physician did not include a baseline assessment of the injured worker indicating the injured worker has significant objective functional deficits. Additionally, clinical notes after 05/29/2013 were not provided for review. Therefore, the injured worker's current clinical presentation is not known. Based on this and as the guidelines specifically do not recommend the use of extracorporeal shockwave therapy for lateral epicondylalgia, the request is not medically necessary. As such, the request is not medically necessary.