

Case Number:	CM14-0088744		
Date Assigned:	07/23/2014	Date of Injury:	05/01/1995
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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:

Injured worker is a 68-year-old male date of injury 05/01/1995. On 05/14/2014 the injured worker requested injection to the right elbow and right shoulder and found them to be helpful. Patient was doing home exercise program. The patient had not yet started the extracorporeal shockwave therapy to the right elbow epicondylitis. On examination, there was no evidence of previous surgical interventions, deformity or overlying skin lesions. Patient had tenderness to palpation of the right upper trapezius, right rhomboid, right bicipital groove and right glenohumeral joint. Range of motion of the shoulder abduction 170 degrees and flexion 170 degrees, extension 40 degrees, adduction 35 degrees, internal rotation 75 degrees and external rotation 80 degrees. Impingement, crepitus and empty can's test on the right were positive. The claimant had tenderness to palpation of the right medial epicondyle, right lateral epicondyle and right olecranon. Range of motion was flexion 150 degrees, pronation 80 degrees and supination 80 degrees. Circulation was normal capillary refill. Radial and ulnar pulses were 2+. The patient had tenderness to palpation on the right carpal bones. Carpal Tinel's and Phalen's test on the right was positive. Full range of motion of all digits noted. The recommendations were trial of extracorporeal shockwave therapy to address the right medial and lateral epicondylitis, home routine of stretches and exercises, inject the right shoulder and right elbow on the return visit, transdermal anti-inflammatory and analgesic medications and return to visit in four to six weeks. Extracorporeal shockwave therapy was previously denied because it's not recommended for the treatment of lateral epicondylitis and due to lack of documentation to support the necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One extracorporeal shockwave therapy (3 treatments to the right laterl epicondylitis):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40, 45.

Decision rationale: Per ACOEM guidelines, the extracorporeal shockwave therapy is strongly not recommended for lateral epicondylitis. One study has also concluded that Extracorporeal shock wave therapy was ineffective in the treatment of lateral epicondylitis (J. Bone Joint Surgery 2003). Therefore, the medical necessity of this request is not established based on the guidelines.