

Case Number:	CM14-0096807		
Date Assigned:	07/28/2014	Date of Injury:	08/08/2006
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/25/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 59-year-old male with date of injury of 08/08/2006. The listed diagnoses per [REDACTED] are: 1. Right elbow medial/lateral epicondylitis and mild ulnar neuritis. 2. Right wrist tendinitis with mild carpal tunnel syndrome. According to the report dated 05/12/2014, the patient complains of right elbow pain. The symptoms have improved slightly with acupuncture. The patient reports a recent flareup in the past couple of days. He rates his pain 7/10. He describes his pain as moderate, frequent, dull, sharp, burning, numbing, with weakness. The objective findings show there is no swelling on the right elbow. There is decreased ulnar nerve sensation. There is also tenderness at the lateral epicondyle. The right wrist is tender on flexion and extension. There is a positive Tinel's sign and negative Phalen's sign. The utilization review denied the request on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following regarding ESWT for elbow problems: (<http://www.odg-twc.com/odgtwc/elbow.htm>).

Decision rationale: This patient presents with right elbow and right wrist pain. The treating physician is requesting extracorporeal shockwave therapy. The ACOEM Guidelines page 235 on Extracorporeal Shock Wave Therapy (ESWT) for the elbow states, "Publish randomized clinical trials are needed to provide better evidence for the use of many physical modalities that are commonly employed. Some therapists use a variety of procedures; conclusions regarding their effectiveness may be based on anecdotal reports or case studies." ODG further states that ESWT for the elbow is not recommended when using high energy ESWT but under study for the low energy ESWT where the latest studies show better outcomes without the need for anesthesia. ODG guidelines goes onto state, "ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects." Given the lack of support from ODG guidelines, the request is not medically necessary and appropriate.