

<b>Case Number:</b>	CM14-0169446		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	12/04/2008
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

56y/o male injured worker with date of injury 7/1/09 with related neck, right shoulder, and right wrist pain. Per progress report dated 7/11/14, he also complained of stiffness in the right shoulder. Per physical exam of the cervical spine, there was tenderness to palpation with mild spasm over the paraspinal musculature and decreased motion with pain at end range. Cervical compression test was positive bilaterally. Exam of the right shoulder revealed tenderness to palpation over the upper trapezius muscles and decreased motion with pain at end range. Neer was positive. Exam of the right wrist showed no tenderness to palpation, however, decreased range of motion in all ranges. Tinel and Phalen tests were positive. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included shockwave therapy, and medication management. The date of UR decision was 9/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy (7 of 8), right wright and elbow: Upheld**

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

**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 Shockwave Therapy

**Decision rationale:** Based on the Official Disability Guidelines (ODG), Elbow Chapter, Extracorporeal Shockwave Therapy states high energy extracorporeal shock wave therapy (ESWT) is not supported; low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value of ESWT for lateral elbow pain can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. Furthermore, the documentation submitted for review does not contain evidence that the injured worker suffers from epicondylitis. As the requested treatment is not recommended, the request is not medically necessary.