

Case Number:	CM14-0187300		
Date Assigned:	11/17/2014	Date of Injury:	03/31/2006
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 shoulder, elbow, and wrist pain reportedly associated with cumulative trauma at work between the dates March 31, 2006 through July 1, 2011. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 17, 2014, the claims administrator failed to approve a request for extracorporeal shockwave therapy for the bilateral elbows. The applicant's attorney subsequently appealed. The applicant had apparently received extracorporeal shockwave therapy on an earlier handwritten note of September 16, 2014, it was incidentally noted. It was stated that this represented the first of three planned treatments. In a later note dated October 10, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal pain complaints, including ongoing complaints of elbow pain. The applicant was having difficulty performing gripping and grasping activities. Additional extracorporeal shockwave therapy was sought while the applicant was placed off of work. The applicant was still using Norco and Dendracin for pain relief, both of which were seemingly renewed. In an earlier handwritten note dated September 5, 2014, the applicant was again placed off of work, on total temporary disability, while Norco, Dendracin and physical therapy were sought. The note did suggest that the applicant carried diagnoses of medial and lateral epicondylitis of both elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) treatment every 2 weeks of bilateral elbow high and/or low energy extracorporeal shockwave treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, page 40, extracorporeal shockwave therapy, the article at issue, is "recommended against." Here, however, the applicant has already received extracorporeal shockwave therapy, despite the unfavorable ACOEM position on the same. The applicant has, it is further noted, failed to profit from earlier extracorporeal shockwave therapy. The applicant remains off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco and topical compounds such as Dendracin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier extracorporeal shockwave therapy treatment. Therefore, the request is not medically necessary.