

Case Number:	CM14-0191100		
Date Assigned:	11/24/2014	Date of Injury:	07/13/2006
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in Florida. 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 an adult female with a date of injury of 7/13/2006. She has a diagnosis of bilateral medial and lateral epicondylitis. She also has a history of bilateral carpal tunnel surgery and bilateral thumb trigger release surgery. She has still had ongoing chronic pain despite these surgical interventions. She returned to work on 9/2/2014. Prior to this time she was on temporary disability. A recent physical exam from 11/2014 notes an essentially normal physical exam with normal range of motion, sensation, and function in the upper extremities. The only pertinent positive mentioned is tenderness at the "A1 pulley of the thumbs, indexes, middle fingers, ring, and fifth fingers bilaterally." A utilization review physician did not certify a request for left lateral epicondylitis shockwave therapy since California MTUS guidelines strongly recommend against this form of therapy. An Independent Medical Review was requested to determine the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral epicondylitis shockwave therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow complaints, extracorporeal shock wave therapy Page(s): 29.

Decision rationale: California MTUS guidelines specifically state that they "strongly recommend against" extracorporeal shock wave therapy. This therapy is described as moderately costly with no benefit being shown in multiple studies. Likewise, this request is not medically necessary.