

Case Number:	CM14-0202558		
Date Assigned:	12/15/2014	Date of Injury:	10/18/2002
Decision Date:	02/05/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, has a subspecialty in 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:

This 47 year old female reportedly sustained a work related injury on October 18, 2002 of unknown origin. Diagnoses include epicondylitis and cubital tunnel syndrome. Electromyogram and nerve conduction velocity (NCV) study on May 22, 2014 revealed no cubital or carpal tunnel syndrome and no spinal radiculopathy. Ultrasound of the elbow revealed right muscle tear, tendon edema, and mild neuritis with normal left elbow. Primary treating physician visit dated August 18, 2014 is hand written and illegible in many areas. The injured worker complains of right elbow pain. Documentation provides that there is joint pain with muscle spasms. Work restrictions include no lifting over 7 pounds and no repetitive pushing or pulling. Medication includes cyclobenzaprine and hydrocodone. Primary treating physician follow up visit dated October 17, 2014 did not note improvement. The injured worker status is total temporary disability (TTD). On November 7, 2014 utilization review determined a request for high and/or low energy extracorporeal shockwave treatment; 3 per diagnosis (1 treatment every 2 weeks), energy level TBD at time of treatment received October 31, 2014 non-certified. Official Disability Guidelines (ODG) are cited in the determination. Application for independent medical review (IMR) is dated December 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

High and/or Low Energy Extracorporeal shockwave treatment; 3 per diagnosis (1 treatment every 2 weeks), energy level TBD at time of treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter- Extracorporeal shockwave therapy (ESWT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Extracorporeal shockwave therapy (ESWT).

Decision rationale: Regarding the request for shockwave treatments for the elbow, Occupational Medicine Practice Guidelines state quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy. ODG states extracorporeal shockwave therapy is not recommended. High energy ESWT is not supported, but 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, if any, 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. As such, the currently requested shockwave treatment for the elbow is not medically necessary.