

<b>Case Number:</b>	CM14-0205170		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 54-year-old female who sustained an industrial injury on 7/12/2010 resulting in right elbow pain. Her diagnosis is right elbow lateral epicondylitis with right cubital tunnel syndrome with negative Electromyography/nerve conduction velocity study. Treatment has included medication, physical therapy with minimal report of improvement, and Cortisone injection for cubital tunnel, providing one month of 70% of decreased symptoms. The injured worker continues to complain of right elbow pain. Treating physician's plan of care includes extracorporeal shock wave treatment to the right elbow. PR-2 dated 3/12/15 authorizes return to work, but no documentation is provided stating whether she is presently working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **One (1) Shockwave therapy treatment for the right elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter, Extracorporeal shockwave therapy (ESWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow Chapter, Extracorporeal shockwave therapy (ESWT), pages 112-113.

**Decision rationale:** Report from the provider does not specify frequency or duration of ESWT or specific indication. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic nonunions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amenable to ECSW treatment for the listed diagnoses involving the elbow. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment outside guidelines criteria as Guidelines do not recommend for cubital tunnel or epicondylitis as long- term effectiveness has not been evident. The One (1) Shockwave therapy treatment for the right elbow is not medically necessary and appropriate.