

Case Number:	CM14-0207244		
Date Assigned:	12/19/2014	Date of Injury:	05/20/2013
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/11/2014

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 and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 44-year-old male with a date of injury of 05/20/2013. According to progress report dated 11/06/2014, the patient presents with left knee and left elbow pain. Left knee pain is described as constant, sharp, stabbing pain with "pops and clicks" especially with twisting and turning. The patient reports that the left elbow pain is from repetitive activities including constant shoveling. MRI of the left knee dated 06/26/2013 demonstrated an oblique tear of the posterior horn of the medial meniscus extending to the inferior articular surface and a Baker's cyst. Examination of the elbow and forearm revealed positive medial epicondyle on the left. Active range of motion was decreased in the left elbow. Forearm supination on the left is 4/5. The listed diagnoses are: 1. Left knee meniscus tear. 2. Left medial epicondylitis. The patient remains temporarily and totally disabled and will remain so until 01/22/2015. Treatment plan was for left knee arthroscopic meniscectomy as recommended by [REDACTED] and extracorporeal shockwave therapy for the left elbow, 6 visits. The utilization review denied the request on 11/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy left 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Extracorporeal shockwave therapy (ESWT)

Decision rationale: This patient presents with left knee and left elbow pain. The current request is for extracorporeal shockwave therapy, left elbow. ACOEM Guidelines page 235 states the following regarding extracorporeal shockwave therapy for the elbow, "Published randomized clinical trials are needed to provide better evidence for the use of many physical modalities that are commonly employed. Some therapists use a variety of procedures; conclusions regarding their effectiveness may be based on anecdotal reports or case studies. Included among these modalities are extracorporeal shockwave therapy (ESWT)." The ODG Guidelines under the elbow chapter further discusses ESWT and states, "not recommended using high-energy ESWT understudy for low-energy ESWT where the latest study shows better outcomes without the need for anesthesia. Trials in this area have yielded conflicting results." ODG further states recent studies do not always support ESWT and cannot be recommended for epicondylitis. In this case, ACOEM and ODG Guidelines do not support the use of ESWT for epicondylitis or elbow problems. The requested ESWT for the elbow is not medically necessary.