

Case Number:	CM14-0208225		
Date Assigned:	12/22/2014	Date of Injury:	02/10/2014
Decision Date:	03/03/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/12/2014

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 2/10/2014. Per initial orthopedic evaluation dated 3/24/2014, the injured worker complains of right wrist and elbow pain. His pain is rated at 4/10. It is sharp and constant. He reports increased pain with the use of the right upper extremity. He notes some improvement with rest. He complains of stiffness and weakness of his right upper extremity as well as giving way of his right wrist and hand. Examination of the right elbow and wrist reveal diffuse tenderness. Range of motion of the right wrist and elbow are normal. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral upper extremities. Reflexes and muscle strength is normal in the bilateral upper extremities. X-rays of the right forearm are normal. Diagnosis is right arm strain.

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 ESWT 4x (4 per diagnosis 1 Tx every 2 weeks) for the right elbow:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: The MTUS Guidelines strongly recommend against extracorporeal shockwave therapy for the elbow. 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. The request for high and/or low energy ESWT 4x (4 per diagnosis 1 Tx every 2 weeks) for the right elbow is determined to not be medically necessary.