

Case Number:	CM15-0000495		
Date Assigned:	01/12/2015	Date of Injury:	05/22/2014
Decision Date:	03/06/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/02/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 37 year old male who suffered a work related injury on 05/22/14. Per the physician notes from 12/03/14 he complains of occasional mild left elbow pain. There is noted tenderness to palpation of the biceps, cubital fossa, lateral elbow, lateral epicondyle, medial elbow, posterior elbow and triceps. Vagus, Varus, and Tinel's causes pain. The treatment plan includes shock wave therapy and acupuncture. On 12/18/14 the Claims Administrator non-certified the shock wave therapy as the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS, ACOEM, and ODG were cited. The non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy 1 time a week for 3 weeks, Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

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

Decision rationale: According to MTUS guidelines, several studies evaluated the efficacy of Extracorporeal Shockwave Therapy for the treatment of lateral epicondylitis (LE). These studies did not demonstrate its benefit for the management LE. There is no studies supporting its use for neck, shoulder and wrist pain. There is some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. There is no documentation of left shoulder tendinitis in this case and there is no justification for the use of this procedure for elbow pain. Therefore the prescription of Extracorporeal Shockwave Therapy 1 time a week for 3 weeks, Left Elbow is not medically necessary.