

<b>Case Number:</b>	CM15-0004402		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 40 year old male, who sustained an industrial injury on 04/25/2011. He has reported pain in the bilateral wrists/hands/elbows. The diagnoses have included cubital tunnel syndrome and carpal tunnel syndrome. Treatment to date has included medications, left carpal tunnel release. A progress noted from the treating physician, dated 10/21/2014, documented a follow-up visit with the injured worker. The injured worker reported pain and weakness in the bilateral elbows; pain is described as moderate and frequent, with numbness and weakness; pain is rated at 7/10 on the visual analog scale. Objective findings included left wrist with positive Tinel's and Phalen tests; left wrist tenderness; decreased sensory median nerve; and lateral and medial bilateral elbow tenderness. The treatment plan has included continuation of home exercise program; continuation of Norco and Lidoderm Patches; shockwave therapy, left and right elbows, lateral epicondyle; and follow-up evaluation as scheduled. On 12/09/2014 Utilization Review noncertified a Shockwave Therapy, Left Elbow Lateral Epicondyle QTY: 3, noting medical necessity for the procedure had not been met. The ACOEM Guidelines, Chapter 10, Elbow Complaints; and the Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines: Elbow (Acute and Chronic), and Criteria for the use of Extracorporeal Shock Wave Therapy were cited. Utilization Review non-certified a Shockwave Therapy, Right Elbow Lateral Epicondyle QTY: 3, noting medical necessity for the procedure had not been met. The ACOEM Guidelines, Chapter 10, Elbow Complaints; and the Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines: Elbow (Acute and Chronic), and Criteria for the use of Extracorporeal Shock Wave Therapy were cited. On 01/08/2015, the injured

worker submitted an application for IMR for review of a Shockwave Therapy, Left Elbow Lateral Epicondyle QTY: 3, and a Shockwave Therapy, Right Elbow Lateral Epicondyle QTY: 3.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Shockwave Therapy Left Elbow Lateral Epicondyle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/ Disability Duration Guidelines: Elbow (Acute and Chronic); ESWT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating elbow pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011) | elbow-shockwave therapy.

**Decision rationale:** The Official Disability Guidelines supports that there is no evidence of effectiveness of shockwave therapy. The available medical records do not demonstrate specific conservative therapies tried to date and failed or demonstrate findings in support of shock wave therapy demonstrating extraordinary circumstances to support this therapy. Therefore, this request is not medically necessary.

#### **Shockwave Therapy Right Elbow Lateral Epicondyle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines: Elbow (Acute and Chronic); ESWT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ultrasound or Shock Wave for Treating Elbow Pain.

**Decision rationale:** The Official Disability Guidelines supports that there is no evidence of effectiveness of shockwave therapy. The available medical records do not demonstrate specific conservative therapies tried to date and failed or demonstrate findings in support of shock wave therapy demonstrating extraordinary circumstances to support this therapy. Therefore, this request is not medically necessary.