

Case Number:	CM15-0005377		
Date Assigned:	01/16/2015	Date of Injury:	09/13/2010
Decision Date:	03/16/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/09/2015

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: 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 45 year old male, who sustained an industrial injury on 9/13/2010, resulting in right elbow and forearm pain. The diagnoses have included right elbow sprain and forearm strain. Treatment to date has included conservative measures. Electromyogram and nerve conduction studies of the right upper extremity report, dated 10/23/2014, showed no evidence of right cubital or carpal tunnel syndrome, no evidence of cervical radiculopathy or brachial plexopathy C5-T1, and no evidence of generalized peripheral neuropathy affecting the right upper extremity. Currently, the injured worker complains of continued right elbow pain. The PR2 report, dated 11/05/2014, was handwritten and not entirely legible. Pain was rated 4-5/10. Tenderness was noted to the lateral epicondylar region. Treatment plan included continued home exercise and bracing and extracorporeal shockwave therapy was requested. On 12/02/2014, Utilization Review non-certified a request for extracorporeal shockwave therapy (ESWT)-right elbow lateral epicondyle, citing the lack of compliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave (ESWT): 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)- Treatment for Workers' Compensation, Online Edition, Occupational Disorders of the Elbow

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

Decision rationale: According to the 12/02/14 Utilization Review letter, the Extracorporeal Shockwave Therapy (ESWT) requested on the 11/05/14 medical report was denied because the report was illegible and did not appear to substantiate the request. The 11/05/14 report is difficult to read and appears to state that the ESWT was requested for the right elbow for lateral epicondyle tenderness on palpation. MTUS/ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, Elbow Complaints, Page 29 for Lateral Epicondylalgia, Methods of Symptom Control for Lateral Epicondylalgia, Physical Methods, Extracorporeal shockwave Therapy, states "Quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown." MTUS/ACOEM states it is Strongly Recommended Against. MTUS/ACOEM strongly recommends against ESWT for lateral epicondylalgia. The request for Extracorporeal Shockwave Therapy (ESWT) IS NOT medically necessary.