

Case Number:	CM15-0108368		
Date Assigned:	06/15/2015	Date of Injury:	09/28/2011
Decision Date:	07/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/05/2015

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 446 year old female who sustained an industrial injury on 09/28/11. Initial complaints and diagnoses are not available. Treatments to date include cervical facet medial nerve radiofrequency, left shoulder injection, right shoulder suprascapular nerve block, right elbow surgery, 3 right elbow injections, acupuncture, extracorporeal shockwave treatment to the right elbow, medications, splints, and work conditioning/work hardening physical therapy. Diagnostic studies include multiple x-rays, and MRIs of the right shoulder, bilateral elbows, and the cervical spine. Current complaints include pain in the neck, bilateral elbows and wrists. Current diagnoses include cervical sprain/strain, bilateral latent epicondylitis, right wrist internal derangement, and left wrist neuralgia. In a progress note dated 04/22/15 the treating provider reports the plan of care as continued therapy, and extracorporeal shockwave therapy to the left elbow. The requested treatment is extracorporeal shockwave therapy to the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow Chapter, Extracorporeal shockwave therapy (ESWT), pages 112-113.

Decision rationale: Report from the provider does not specify frequency or duration of ESWT or specific indication. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic nonunions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amenable to ECSW treatment for the listed diagnoses involving the elbow. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment outside guidelines criteria as Guidelines do not recommend for elbow strain/sprain or epicondylitis as long-term effectiveness has not been evident. The Extracorporeal shock wave therapy left elbow is not medically necessary and appropriate.