

<b>Case Number:</b>	CM15-0130875		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year-old female who sustained an industrial injury on 09/19/14. She reported left elbow pain after repetitive work activities. Diagnoses include lateral epicondylitis of the left elbow, and left elbow sprain/strain. Treatment to date has included occupational therapy, thermotherapy, steroid injection, home exercise, tennis elbow strap, and topical analgesics. There are no diagnostic tests reported. In an available progress note dated 02/18/15, the injured worker complains of intermittent, moderate, sharp left elbow pain, associated with repetitive movement; pain level is a 6 on a 10 point pain scale. Physical examination is remarkable for tenderness to palpation of the anterior and lateral left elbow; there is painful decreased range of motion and Cozen's causes pain. Requested treatments include extracorporeal shock wave therapy for three sessions, and Range of motion test x1 month per doctor visits. The injured worker is under full work status. Date of Utilization Review: 06/02/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued extracorporeal shock wave therapy for three sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Continued extracorporeal shock wave therapy for three sessions is not medically necessary per the MTUS Guidelines. The MTUS states that 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. Therefore is not medically necessary.

**Range of motion test x1 month per doctor visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 9-10.

**Decision rationale:** Range of motion test x 1 month per doctor visits is not medically necessary per the MTUS Guidelines. The MTUS recommends range of motion testing on a focused elbow examination. The ODG Guidelines do not address specialized range of motion testing for elbow complaints. The documentation is not clear why the range of motion testing cannot be part of a routine physical examination. There are no MTUS guidelines supporting specialized testing for elbow range of motion other than what can be performed by a clinician during a routine office visit. The request is not medically necessary.