

<b>Case Number:</b>	CM15-0136887		
<b>Date Assigned:</b>	08/20/2015	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 67-year-old female, who sustained an industrial injury on October 2, 2009. She reported left elbow, left shoulder and left wrist pain. Treatment to date has included toxicology screen, MRI, medication, physical therapy, home exercise, electro diagnostic study, surgery, CT scan, x-rays and psychological evaluation. Currently, the injured worker complains of left shoulder, left arm, left hand, left wrist, right hand, low back, neck and upper back pain. The pain is rated at 4-8 on 10 and is present approximately 80% of the time. She reports numbness and tingling in her hands bilaterally approximately 60% of the time. She also reports anxiety and insomnia. The injured worker is currently diagnosed with carpal tunnel syndrome. The injured worker is currently retired. A progress note dated June 11, 2015 states the injured worker experiences therapeutic efficacy from medications. The therapeutic response to home exercise program was not included in the documentation, and the physical therapy notes were difficult to decipher. Shock wave therapy, for the left elbow (4 sessions), is requested to decrease pain and improve function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shock wave therapy x 4 sessions for left elbow: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow, shockwave therapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy. 2. Three conservative therapies prior to ESWT have been tried prior. 3. No contraindications to therapy. 4. Maximum of 3 therapy sessions over 3 weeks. The ACOEM knee chapter does not recommend this as a treatment modality. The request does not meet ODG guidelines. Therefore, the request is not medically necessary.