

<b>Case Number:</b>	CM15-0146270		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Emergency 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 50-year-old female who sustained an industrial injury on 02-14-2013 when she attempted to prevent a chair from falling. The injured worker was diagnosed with traumatic right elbow lateral epicondylitis, right shoulder girdle myofascial pain, fibromyalgia pain syndrome and gastroesophageal reflux disorder (GERD). No surgical interventions were documented. Treatment to date has included diagnostic testing, conservative measures, bracing, acupuncture therapy, right elbow injection, physical therapy, home exercise program and medications. According to the treating physician's progress report on March 16, 2015, the injured worker was evaluated for right elbow and right shoulder girdle pain, spasm and tenderness. The injured worker rates her pain level at 8 out of 10 on the pain scale without medications. Examination demonstrated tenderness to palpation of the midline spinal process, cervical paraspinal area, and bilateral trapezius and levator scapular muscles with tightness and spasm, right side greater than left side. There was no significant pain with range of motion. Motor strength, sensation and peripheral pulses of the bilateral upper extremities were within normal. The right elbow demonstrated tenderness to palpation of the right lateral and medial elbow with a right tennis elbow test mildly positive. There was documented tenderness to palpation of the right lateral forearm muscles. Bilateral shoulder examination revealed normal range of motion with abduction and forward flexion to 170 degrees. There was no significant subacromial tenderness evident. Fibromyalgia screening noted numerous positive tender points. Current medications are listed as Tylenol, Zanaflex, Pamelor, Lidoderm patches and Voltaren gel. Treatment plan consists of tennis elbow band, continuing home exercise program, medication regimen and the current request for extracorporeal shockwave therapy (ESWT), high energy to the right elbow and forearm (retrospective DOS 4/14/15).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Orthopedic Shockwave Therapy (ESWT), Right Elbow & Forearm, (retrospective DOS 4/14/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow - Extracorporeal Shockwave Therapy (ESWT).

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

**Decision rationale:** CA MTUS is silent. Official Disability Guidelines, Elbow, Extracorporeal shockwave therapy (ESWT) noted: "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended." The injured worker has right elbow and right shoulder girdle pain, spasm and tenderness. The injured worker rates her pain level at 8 out of 10 on the pain scale without medications. Examination demonstrated tenderness to palpation of the midline spinal process, cervical paraspinal area, and bilateral trapezius and levator scapular muscles with tightness and spasm, right side greater than left side. There was no significant pain with range of motion. Motor strength, sensation and peripheral pulses of the bilateral upper extremities were within normal. The right elbow demonstrated tenderness to palpation of the right lateral and medial elbow with a right tennis elbow test mildly positive. There was documented tenderness to palpation of the right lateral forearm muscles. Bilateral shoulder examination revealed normal range of motion with abduction and forward flexion to 170 degrees. There was no significant subacromial tenderness evident. The treating physician has not documented the medical necessity for this treatment as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Orthopedic Shockwave Therapy (ESWT), Right Elbow & Forearm, (retrospective DOS 4/14/15) is not medically necessary.