

Case Number:	CM15-0148637		
Date Assigned:	08/11/2015	Date of Injury:	09/23/2009
Decision Date:	09/08/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male who sustained an industrial/work injury on 9-23-09. He reported an initial complaint of right shoulder, elbow, and wrist pain. The injured worker was diagnosed as having right shoulder impingement, rule out tear; right elbow lateral epicondylitis; and right wrist sprain or strain, rule out carpal tunnel syndrome. Treatment to date includes medication, chiropractic care, and diagnostics. Currently, the injured worker complained of right shoulder, elbow, and wrist pain. Per the primary physician's report (PR-2) on 6-23-15, exam noted tenderness to the right shoulder, decreased range of motion, and positive impingement. The right elbow had tenderness and pain with range of motion. The right wrist had tenderness and positive Phalen's test. The requested treatments include extracorporeal shockwave therapy for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave therapy for the right elbow for 6 sessions (2x3): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: The claimant sustained a work injury in September 2009 and continues to be treated for right shoulder, elbow, and wrist pain when seen, there was shoulder, elbow, and wrist tenderness. There was decreased shoulder range of motion. Shoulder impingement testing was positive. Right elbow range of motion was decreased and painful. Phalen's testing was positive. Diagnoses included lateral epicondylitis. Authorization for six sessions of shockwave therapy was requested. Case notes reference prior treatments as having included physical therapy, chiropractic care, and acupuncture. Research trials of extracorporeal shockwave therapy (ESWT) have yielded conflicting results and its value, if any, can presently be neither confirmed nor excluded. Criteria for its use include patients whose pain has remained despite six months of at least three conservative treatments including rest, ice, nonsteroidal antiinflammatory medication, orthotics, physical therapy, and injections. A maximum of 3 therapy sessions over 3 weeks can be recommended. In this case, the physical examination reported does not confirm a diagnosis of lateral epicondylitis. There is no evidence of failure of conservative treatments such as bracing or injections. Additionally, the number of treatment sessions being requested is in excess of that recommended. For any of these reasons, the request is not medically necessary.