

Case Number:	CM15-0160361		
Date Assigned:	08/26/2015	Date of Injury:	11/25/2013
Decision Date:	09/29/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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, 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 33 year old male, who sustained an industrial injury on 11-25-13. The injured worker was diagnosed as being status post lateral humeral epicondylar decompression. Treatment to date has included decompression of the lateral epicondyle on 12-5-14, physical therapy, a home exercise program, and the use of a wrist brace. Currently, the injured worker complains of elbow pain. The treating physician requested authorization for extracorporeal shockwave therapy x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave therapy times 6: 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 and chronic), ESWT.

Decision rationale: The request is for ESWT for left elbow pain. The ODG states that ESWT is not recommended for acute, sub-acute, or chronic lateral or medial epicondylitis. There is strong evidence that ESWT to the elbow is not beneficial. High energy ESWT is particular is not recommended, however low energy ESWT remains under study. Therefore the request is not medically necessary.