

Case Number:	CM15-0186510		
Date Assigned:	09/28/2015	Date of Injury:	05/01/2014
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/22/2015

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: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 05-01-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for status post right elbow common extensor release lateral epicondylectomy (February 2015), right lateral epicondylitis, and right shoulder impingement. Treatment and diagnostics to date has included elbow surgery, physical therapy, and medications. Current medications include Tramadol. After review of progress notes dated 07-28-2015 and 08-18-2015, the injured worker reported right lateral elbow pain rated 8 out of 10 on pain scale and right shoulder pain rated 7 out of 10. Objective findings included tenderness to right medial elbow and right shoulder, limited right shoulder range of motion with pain with positive impingement signs, and spasm of right deltoid, trapezius, and forearm extensors. The request for authorization dated 08-12-2015 requested shockwave therapy to address refractory right lateral epicondylitis x 5 sessions, physical therapy right shoulder at 3 times per week for 4 weeks, Tramadol ER, Naproxen Sodium, Pantoprazole, Cyclobenzaprine, and urine drug screen. The Utilization Review with a decision date of 09-08-2015 non-certified the request for shockwave therapy to right elbow x 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy right elbow 5 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Extracorporeal shockwave therapy (ESWT), pages 112-113.

Decision rationale: Report from the provider does not specify frequency or duration of ESWT or specific indication. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic nonunions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amenable to ECSW treatment for the listed diagnoses involving the elbow. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment outside guidelines criteria as Guidelines do not recommend for elbow strain/sprain or epicondylitis as long-term effectiveness has not been evident. The Shockwave therapy right elbow 5 sessions is not medically necessary and appropriate.