

Case Number:	CM15-0188973		
Date Assigned:	09/30/2015	Date of Injury:	02/01/2010
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/25/2015

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 female who sustained an industrial injury on 2-1-10. A review of the medical records indicates she is undergoing treatment for right elbow post- traumatic lateral epicondylitis and radial tunnel syndrome with resultant complex regional pain syndrome and compensatory insomnia. Medical records (3-18-15 to 8-20-15) indicate ongoing complaints of intermittent bilateral elbow pain, rating "7-8 out of 10", bilateral wrist and hand pain, rating "4-7 out of 10", bilateral shoulder pain, rating "6 out of 10", neck pain, rating "5-7 out of 10", back pain, rating "6-7 out of 10", bilateral foot pain, rating "7-9 out of 10", as well as headaches. The physical exam (8-20-15) reveals "good mobility of her shoulder" on examination of the right shoulder, full range of motion of bilateral elbows, and diminished range of motion in flexion of the wrist. The treating provider indicates that she is able to "make a full fist and fully extender her fingers" and "claims to have numbness in the fingertips". Muscle testing is "4 out of 5" in right elbow flexion and extension. Diagnostic studies have included and EMG on 6-8-15. Treatment has included adjustments in her work environment, acupuncture, medications, and activity modification. The records indicate that she was authorized for OrthoShock wave treatments, but the authorization expired prior to the first treatment. She is currently working with restrictions. She reports difficulty with the following activities of daily living: dressing, combing hair, washing and drying self, getting on and off the toilet, and sleeping. The treatment recommendations indicate that the injured worker's "right elbow pain is increased and resistance to wrist and finger extension, and therefore it would be reasonable for her to be given the opportunity to undergo the OrthoShock wave". The utilization review (9-11-15) includes a request for authorization for OrthoShock, one times three. This treatment was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthoshock one time three (1x3): Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow - Shock therapy.

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 February 2010 and is being treated for right elbow pain occurring after striking her elbow. She continues to be treated for lateral epicondylitis. Treatments referenced include medications, therapy, acupuncture, and a cortisone injection. When seen there was elbow weakness. There was pain with resisted wrist and finger extension. Shock wave treatment is being requested. This had been requested before and authorized but never performed. Research trials of extracorporeal shockwave therapy 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 anti-inflammatory medication, orthotics, physical therapy, and injections. A maximum of 3 therapy sessions over 3 weeks can be recommended. In this case, the claimant has chronic epicondylitis and has failed conservative treatments. The requested number of sessions is within the accepted guideline recommendation. The request is medically necessary.