

<b>Case Number:</b>	CM15-0193633		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	12/11/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 56 year old female with an industrial injury dated 12-11-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right elbow sprain and strain and lateral epicondylitis. According to the progress note dated 09-03-2015, the injured worker reported 60 % right elbow improvement status post injection to the right elbow. Pain level was 6 out of 10 on a visual analog scale (VAS). Objective findings (09-03-2015) revealed tenderness at the lateral epicondyle, decreased range of motion with flexion to 130 degrees, positive Cozen's test and slight swelling. Some documents within the submitted medical records are difficult to decipher. Ultrasound of the bilateral elbow on 05-27-2015 revealed "right common extensor tendon origin edema, fibrosis, and microtears, right normal distal bicep tendons, right normal triceps tendon olecranon and left elbow comparison status post lateral release 05-20-2014 post-surgical fibrotic changes with no recurrent pathology." Treatment has included diagnostic studies, prescribed medications, injection, at least 12 occupational therapy sessions, lateral epicondylar strap, and periodic follow up visits. The treatment plan included shockwave therapy, medication management, right elbow night splint and follow up visit. The treating physician prescribed services for HGH and or low energy extracorporeal shockwave treatment, 3 times 3, per diagnosis, one time every two weeks energy level TBD (to be determined) at time of treatment. The utilization review dated 09-16-2015, non-certified the request for HGH and or low energy extracorporeal shockwave treatment, 3 times 3, per diagnosis, one time every two weeks energy level TBD (to be determined) at time of treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**HGH and/or low energy extracorporeal shockwave treatment, 3 times 3, per diagnosis, one time every two weeks energy level TBD at time of treatment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Extracorporeal shockwave therapy.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

**Decision rationale:** The requested HGH and/or low energy extracorporeal shockwave treatment, 3 times 3, per diagnosis, one time every two weeks energy level TBD at time of treatment, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Elbow Complaints, Revised 2007, Extracorporeal Shockwave Therapy, Page 29, noted that this treatment is not recommended, as despite some reported improvement in pain, there is no meaningful difference in results between this treatment and aggressive stretching exercise regimens. The injured worker is undergoing treatment for right elbow sprain and strain and lateral epicondylitis. According to the progress note dated 09-03-2015, the injured worker reported 60 % right elbow improvement status post injection to the right elbow. Pain level was 6 out of 10 on a visual analog scale (VAS). Objective findings (09-03-2015) revealed tenderness at the lateral epicondyle, decreased range of motion with flexion to 130 degrees, positive Cozen's test and slight swelling. Some documents within the submitted medical records are difficult to decipher. Ultrasound of the bilateral elbow on 05-27-2015 revealed "right common extensor tendon origin edema, fibrosis, and microtears, right normal distal bicep tendons, right normal triceps tendon olecranon and left elbow comparison status post lateral release 05-20-2014 post-surgical fibrotic changes with no recurrent pathology." Treatment has included diagnostic studies, prescribed medications, injection, at least 12 occupational therapy sessions, lateral epicondylar strap, and periodic follow up visits. The treating physician has not documented the medical necessity for this procedure as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, HGH and/or low energy extracorporeal shockwave treatment, 3 times 3, per diagnosis, one time every two weeks energy level TBD at time of treatment is not medically necessary.