

Case Number:	CM15-0194445		
Date Assigned:	10/08/2015	Date of Injury:	04/17/2015
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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:

This 34-year-old woman sustained an industrial injury on 4-17-2015. Diagnoses include thoracic spine sprain-strain, right shoulder sprain with right upper extremity weakness, right elbow pain, and right wrist sprain-strain. Treatment has included oral medications. Physician notes dated 8-25-2015 show complaints of thoracic spine pain rated 6-7 out of 10, right shoulder pain rated 6 out of 10, right elbow pain rated 6 out of 10, and right wrist pain rated 6-7 out of 10. No physical examination is included. Recommendations include acupuncture, extracorporeal shockwave therapy, right shoulder MRI, electromyogram and nerve conduction studies of the shoulder, physical therapy, Nalfon, stop Motrin, trigger point injection, and follow up in three to four weeks. Utilization Review denied a request for extracorporeal shockwave therapy on 9-3-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Recommendations.

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

Decision rationale: The 34-year-old patient complains of pain in the thoracic spine, right shoulder, right elbow, and right wrist, rated at 6-7/10, as per progress report dated 08/25/15. The request is for EXTRACORPOREAL SHOCKWAVE THERAPY RIGHT ELBOW. There is no RFA for this case, and the patient's date of injury is 04/17/15. Diagnoses, as per progress report dated 08/25/15, included thoracic sprain/strain, right shoulder sprain with upper extremity weakness, right lateral epicondylitis, right wrist sprain/strain, sleep disturbance, and blurred vision. The patient is taking Motrin for pain relief. The patient is on modified duty, as per progress report dated 08/25/15. ODG Guidelines, Shoulder (Acute & Chronic) chapter under Extracorporeal shockwave therapy (ESWT) states that ESWT is recommended for "Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment." Regarding Extracorporeal shock-wave therapy in chapter 'Elbow, Hand & Wrist' and topic 'Extracorporeal shockwave therapy (ESWT)', ODG guidelines state that it is recommended for "Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment." In this case, a request for right elbow extracorporeal shockwave therapy is noted in progress report dated 08/25/15. The treater appears to state something regarding the request but that part of the report has been cut off. Physical examination of the right wrist, as per progress report dated 06/25/15, included tenderness and pain upon palpation along with reduced range of motion. While MTUS and ACOEM guidelines do not discuss shockwave therapy, ODG guidelines do not indicate it for wrist conditions. Hence, this request IS NOT medically necessary.