

Case Number:	CM15-0195674		
Date Assigned:	10/09/2015	Date of Injury:	01/01/2008
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old female who sustained an industrial injury on 01-01-2008. The injured worker had a right carpal tunnel release performed in 2013 with improvement in paresthesias. According to a handwritten partially legible progress report dated 08-21-2015, subjective complaints include right elbow and wrist pain. Pain level was rated 7-8 on a scale of 0-10. The injured worker was not working. The treatment plan included shockwave therapy. A shockwave treatment request form dated 08-21-2015 was submitted for review. Diagnoses included right lateral epicondylitis. Treatment area included the elbow. "Before treatment with ESWT, the following conservative treatments were attempted: immobilization, rest and physical therapy." An authorization request was submitted on 08-26-2015 and 09-09-2015. The requested services included shockwave therapy right elbow 3 times, 1 treatment every 2 weeks (energy level to be determined at the time of treatment). On 09-15-2015, Utilization Review non-certified the request for 3 shockwave therapy session right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 shockwave therapy sessions, right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Acute & Chronic.

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

Decision rationale: The injured worker sustained a work related injury on 01-01-2008. The medical records provided indicate the diagnosis of status right carpal tunnel release, right lateral epicondylitis. The medical records provided for review do not indicate a medical necessity for 3 shockwave therapy sessions, right elbow. The MTUS strongly recommends against the use of extracorporeal shock wave therapy for the treatment of lateral epicondylitis.