

<b>Case Number:</b>	CM15-0197494		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, New York, California  
 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 applicant is a represented 63-year-old who has filed a claim for chronic neck, elbow, and shoulder pain reportedly associated with an industrial injury of June 17, 2013. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for extracorporeal shock wave therapy (ESWT) for issues with elbow epicondylitis. An August 28, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said August 27, 2015 office visit, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of elbow, neck, and shoulder pain. Extracorporeal shock wave therapy specifically targeting the injured elbow and the associated diagnosis of elbow epicondylitis was sought. The applicant was given a rather proscriptive 5-pound lifting limitation. It was not explicitly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**High and/ or low energy extracorporeal shockwave therapy treatment; 3x3 perdiagnosis, 1 treatment every two weeks energy level to be determined at the time of treatment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

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

**Decision rationale:** No, the request for 9 sessions of extracorporeal shock wave therapy was not medically necessary, medically appropriate, or indicated here. The attending provider's handwritten August 27, 2015 office visit stated that the extracorporeal shock wave therapy in question was sought for the purposes of targeting the applicant's injured elbow and associated diagnosis of elbow epicondylitis. However, the MTUS Guideline in ACOEM Chapter 10, page 29 notes that extracorporeal shock wave therapy is strongly recommended against for applicants who carry a diagnosis of elbow epicondylitis, as was reportedly present here. The handwritten August 27, 2015 office visit failed to furnish a clear or compelling rationale for the request in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.