

Case Number:	CM15-0203648		
Date Assigned:	10/20/2015	Date of Injury:	07/03/2012
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/16/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49-year-old male, with a reported date of injury of 07-03-2012. The diagnoses include right wrist sprain, right forearm myospasm and status post right forearm surgery. The progress report dated 08-20-2015 indicates that the injured worker complained of neck pain, low back pain, right shoulder pain, right knee pain, and continuous right forearm pain. The right forearm pain increased with reaching, lifting, carrying, pulling, and pushing. He rated the right forearm pain 8 out of 10 on 06-16-2015 and 08-20-2015. The objective findings for the right shoulder and right forearm included decreased right shoulder range of motion, positive Neer's, positive Hawkin's, negative shoulder apprehension, no bruising, swelling, atrophy, or lesion at the right forearm, supination at 80 degrees, pronation at 80 degrees, tenderness to palpation of the volar forearm, muscle spasm of the volar forearm, and negative Valgus. The injured worker's work status has not been indicated. On 06-16-2015, it was noted that the injured worker was currently not working for his pre-injury employer. The diagnostic studies to date have included an MRI of the right shoulder on 07-23-2015, which showed mild supraspinatus and infraspinatus tendinosis and flat acromion. Treatments and evaluation to date have included Valium, Anaprox, Cyclobenzaprine, and Naproxen. The treating physician requested outpatient extracorporeal shockwave therapy for the right elbow for three visits. On 09-23-2015, Utilization Review (UR) non-certified the request for outpatient extracorporeal shockwave therapy for the right elbow for three visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Extracorporeal shockwave therapy, right elbow 3 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter and pg 12.

Decision rationale: According to the guidelines: Shock Wave Therapy is not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): If the decision is made to use this treatment despite the lack of convincing evidence. (1) Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment. (2) At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). (3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. (4) Maximum of 3 therapy sessions over 3 weeks. In this case, the claimant had non-specific forearm surgery. There was no mention of epicondylitis. Details on failed interventions are unknown. The request for shock wave therapy is not medically necessary.