

Case Number:	CM15-0217098		
Date Assigned:	11/06/2015	Date of Injury:	02/14/2014
Decision Date:	12/22/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/04/2015

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:

The injured worker is a 48 year old female, who sustained an industrial-work injury on 2-14-14. A review of the medical records indicates that the injured worker is undergoing treatment for left cervicobrachial syndrome-thoracic outlet syndrome, neuromuscular type, cervical radiculopathy and cervical spine Herniated Nucleus Pulposus (HNP) with degenerative disc disease (DDD). Treatment to date has included pain medication Tramadol and analgesic creams, acupuncture, physical therapy, diagnostics, cervical traction and Interferential Unit (IF). EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 6-17-15 of the bilateral upper extremities was normal. Medical records dated 9-2-15 indicate that the injured worker complains of left upper extremity pain including the neck, left shoulder and left elbow. The pain is rated 6-8 out of 10 on the pain scale. She reports that increased activity exacerbates the pain and medications, rest, and Interferential Unit (IF) alleviate the pain. Per the treating physician report dated 9-2-15 work status is with restrictions. The physical exam reveals the Jamar dynamometer testing on the lefty is less than the right the left testing revealed 12-10-10 with average of 10.6 as compared to average of 18.6 on the right. There are no other significant findings noted in the exam related to the left elbow and wrist. The physician indicates that the injured worker is to continue with conservative therapy and with extracorporeal shockwave therapy for the cervical spine, left elbow and left wrist to include heat, transcutaneous electrical nerve stimulation (TENS), massage and ultrasound. The requested service included Electrical shockwave therapy, 3-4 times, left elbow and left wrist. The original Utilization review dated 11-

3-15 non-certified the request for Electrical shockwave therapy, 3-4 times, left elbow and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical shockwave therapy, 3-4 times, left elbow and left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Extracorporeal shockwave therapy <http://www.ncbi.nlm.nih.gov/pubmed/11869669>.

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, under Extracorporeal shockwave therapy.

Decision rationale: The patient presents on 10/14/15 with neck pain rated 6-8/10, right shoulder pain rated 5-7/10, and right elbow pain rated 5-7/10 which radiates into the right hand. The patient's date of injury is 02/14/14. The request is for electrical shockwave therapy, 3-4 times, left elbow and left wrist. The RFA was not provided. Physical examination dated 10/14/15 reveals tenderness to palpation of the cervical paraspinal musculature and bilateral trapezius with trigger points noted, tenderness to palpation of the left AC joint, left subacromial region, and left greater tubercle with positive impingement and supraspinatus tests noted on the left. The patient is currently prescribed, Gabapentin/Acetaminophen, topical compounded creams, Tramadol and an unspecified muscle relaxant. Patient is currently advised to return to work with modified duties. Official Disability Guidelines, Elbow Chapter, under Extracorporeal shockwave therapy (ESWT) has the following: 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. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. 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 regard to the requested extracorporeal shockwave therapy directed at this patient's left elbow and wrist complaint, such procedures are not supported by guidelines, the provider has exceeded the recommended duration (if the decision to use this

treatment despite lack of convincing evidence), and has not specified an appropriate power level. The progress notes provided do not indicate that this patient has undergone any ESWT treatments to date. In this case, this patient's elbow pain has persisted despite NSAIDs, acupuncture, rest, and physical therapy. Official disability guidelines do not generally support ESWT owing to a lack of evidence that such procedures improve patient outcomes. However, in cases where the provider wishes to go ahead with the procedure despite the lack of convincing evidence, guidelines allow for up to 3 treatments at low power. In this case, the provider has included a request for up to 4 treatments and has not specified the desired power level. Given that such treatments are not recommended by guidelines, the request specifying up to 4 treatments, and the failure to indicate an appropriate power level for the procedure, the current request as written cannot be substantiated. Therefore, the request is not medically necessary.