

Case Number:	CM15-0217682		
Date Assigned:	11/09/2015	Date of Injury:	08/09/2014
Decision Date:	12/29/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/05/2015

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: 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 42 year old male, who sustained an industrial injury on 8-09-2014. The injured worker was diagnosed as having dizziness, headache, lumbar disc protrusion, lumbar stenosis, right elbow sprain-strain, left elbow sprain-strain, and left knee sprain-strain. Treatment to date has included diagnostics, extracorporeal shockwave to the left knee and lumbar spine, acupuncture, and medications. On 9-24-2015, the injured worker complains of intermittent moderate headaches, constant moderate pain in the lumbar spine, left knee pain, and bilateral elbow pain described as intermittent, moderate, and occasionally sharp, with some associated weakness and loss of grip. He was right hand dominant. His work status was modified. Exam of the right elbow noted areas of hyposensitivity along the lateral aspect of the forearm as compared to the left. There was tenderness to palpation of the lateral and medial elbow. Mill's and Cozen's caused pain. There was "no bruising, swelling, atrophy, or lesion present at the right elbow". Current medication regimen was not noted. Electromyogram and nerve conduction studies of the bilateral upper extremities were within normal limits. Magnetic resonance imaging of the cervical spine (7-31-2015) showed multiple disc protrusions (C3-4, C4-5, C5-6) with moderate narrowing of the right neural foramen, with encroachment of the right exiting nerve roots. On 10-21-2015 Utilization Review non-certified a request for 6 shockwave therapy sessions for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 shockwave therapy sessions for right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation, Online Edition Elbow Chapter.

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 patient presents with moderate headaches; constant, moderate low back pain radiating into the lower extremities, down the back of the thighs, into the back of the calves; intermittent, moderate, and occasionally sharp pain in the right and left elbows; pain at the left knee. The request is for 6 shockwave therapy sessions for right elbow. The request for authorization form is dated 09/24/15. NCV/EMG of the upper extremities, 08/11/15, shows no evidence of focal/generalized peripheral neuropathy on either side; no evidence of cervical radiculopathy on either side. Patient's diagnosis includes right elbow sprain/strain. Physical examination of the right elbow reveals no bruising, swelling, atrophy, or lesion present. Upon light touch sensation testing with a small brush the patient reports areas of hyposensitivity along the lateral aspect of the forearm as compared to the left arm. There is tenderness to palpation of the lateral elbow and medial elbow. Cozen's causes pain on the right. Mill's causes pain on the right. Per work status report dated 09/24/15, the patient is placed on modified duty. 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. Maximum of 3 therapy sessions over 3 weeks. Treater does not discuss the request. Extracorporeal shockwave treatment is a shock treatment indicated for such conditions as calcifying tendinitis of the shoulder, epicondylitis and plantar fasciitis per ODG guidelines. ODG guidelines do not discuss this treatment for the elbows. Furthermore, the request for 6 sessions of Shockwave Therapy would exceed what is recommended by ODG. Therefore, given the lack of guidelines support for this treatment for the elbow, the request is not medically necessary.