

Case Number:	CM15-0218560		
Date Assigned:	11/10/2015	Date of Injury:	08/16/2012
Decision Date:	12/22/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 08-16-2012. According to the most recent progress report submitted for review and dated 10-05-2015, the injured worker reported constant moderate achy left elbow pain. Examination of the left elbow demonstrated no bruising, swelling, atrophy or lesion. There was tenderness to palpation of the anterior elbow, lateral elbow, medial elbow and posterior elbow. Tinel's was negative. Valgus was negative. Varus was negative. Diagnoses included left elbow sprain strain and status post-surgery left elbow. The treatment plan included continuation of Voltaren gel. The provider noted that Voltaren gel was helping decrease pain and inflammation of the left elbow. A neurology follow up was recommended due to continuing headaches. Prescriptions included Norco. Authorization was requested for extracorporeal shockwave therapy. On 10-12-2015, Utilization Review non-certified the request for extracorporeal shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Extracorporeal shockwave therapy (ESWT).

Decision rationale: The claimant sustained a work injury in August 2012 and is being treated for chronic left elbow pain. She has a history of left elbow surgery. When seen in October 2015 she had constant, moderate, achy pain. Physical examination findings included decreased elbow range of motion. There was anterior, posterior, medial, and lateral elbow tenderness. Norco and Voltaren gel were continued. Shock wave therapy is being requested. Research trials of extracorporeal shockwave therapy for epicondylitis have yielded conflicting results and its value, if any, can presently be neither confirmed nor excluded. Criteria for its use include patients whose pain has remained despite six months of at least three conservative treatments including rest, ice, non-steroidal anti-inflammatory medication, orthotics, physical therapy, and injections. A maximum of 3 therapy sessions over 3 weeks can be recommended. In this case, the claimant has chronic elbow pain. A diagnosis of lateral epicondylitis is not recorded and the physical examination findings reported are nonspecific. Prior treatments such as therapy, bracing, and at least one corticosteroid injection are not described and the number of treatments being requested was not specified. For any of these reasons, the request is not medically necessary.