

<b>Case Number:</b>	CM15-0221270		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 50 year old female, who sustained an industrial injury on 2-1-10. The injured worker was diagnosed as having right lateral epicondylitis. Treatment to date has included acupuncture therapy; physical therapy; cortisone injection; medications. Currently, the PR-2 notes dated 10-15-15 indicated the injured worker complains of pain in the elbow that intensifies when the injured worker uses it. The provider has recommended "Ortho Shock Wave" therapy on the last visit but this was not authorized. The provider documents "The patient has ongoing extensor tendonitis at the lateral epicondyle with some wrist and hand pain with the consequence of tendinopathy of the extensor and flexor tendons of both wrist and intermittent left and right shoulder pain." The provider is requesting shock wave treatment for the injured worker to continue to work. He notes, "She is not interested in surgical treatment." A PR-2 note dated 8-20-15 is an orthopedic evaluation. The provider notes the injured worker complains of elbow pain, which comes and goes. The pain is rated 7 on a pain scale of 1 to 10 in severity. Hand pain, which comes and goes. The pain is rated 6 to 7 on a pain scale of 1 to 10 in severity. Finger pain, which comes and goes. The pain is rated at 6 on a pain scale of 1 to 10 in severity. Neck pain, which comes and goes. The pain is rated at 5 on a pain scale of 1 to 10 in severity. Also noted is wrist pain, shoulder pain, and headaches with no pain rating. Foot pain is rated at 7-8 on a pain scale. The injured worker is reportedly taking Naproxen, Aleve and Tylenol, and resting, taking breaks and stretching makes the pain better. The provider notes prior treatment has been in the form of x-rays, cortisone injection, physical therapy, acupuncture, a MRI study and EMG-NCV study. The injured worker reports that prior shock wave treatments

were authorized but "never occurred". The provider notes she is having left elbow pain as a result of compensation. The provider documents a physical examination. His treatment plan notes right elbow pain is increased and resistance to wrist and finger extension, and therefore, requesting Ortho Shock Wave therapy. A Request for Authorization is dated 11-10-15. A Utilization Review letter is dated 11-4-15 and non-certification for Ortho Shock one times three (1x3). A request for authorization has been received for Ortho Shock one times three (1x3).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ortho Shock one times three (1x3): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Modification, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References, and Elbow Complaints 2007, Section(s): Impact, Recommendations, Basic Principles, Anatomy, Diagnostic Criteria, Contusion, Olecranon Bursitis (Aseptic), Radial Head Fracture, Dislocation of Elbow, Sprain of Elbow, Biceps Tendinitis, Ulnar Nerve Entrapment, Radial Nerve Entrapment, Pronator Syndrome, Lateral Epicondylalgia, Medial Epicondylalgia, Chronic Pain Considerations, Summary, References, and Ankle and Foot Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References. Decision based on Non-MTUS Citation Khan K, et al. Overview of the management of overuse (chronic) tendinopathy, Topic 13803, version 6.0. UpToDate, accessed 09/20/2015, Fields KB, et al. Hamstring muscle and tendon injuries, Topic 13810, version 28.0, UpToDate, accessed 09/20/2015.

**Decision rationale:** The ACOEM Guidelines support the use of shock wave therapy for some cases of calcifying shoulder tendinitis and plantar fasciitis, although the literature is limited. There is no good literature to support the use of shock wave therapy for back, elbow, knee, thigh, or wrist issues. The submitted and reviewed documentation indicated the worker was experiencing elbow pain. The submitted and reviewed documentation did not include a discussion of special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for Ortho shock one times three (1x3) is not medically necessary.