

<b>Case Number:</b>	CM15-0221490		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	01/06/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on 1-6-2015. The medical records indicate that the injured worker is undergoing treatment for right lateral epicondylitis. According to the progress report dated 9-30-2015, the injured worker presented with complaints of right elbow pain. The pain is described as moderate, intermittent, sharp, throbbing, and burning. On a subjective pain scale, he rates his pain 4-5 out of 10. The physical examination of the right elbow reveals tenderness to palpation over the anterior-posterior elbow, lateral epicondyle, and olecranon process, swelling, restricted and painful range of motion, and positive Cozen's sign. The current medications are not indicated. Previous diagnostic studies include x-ray of the right elbow. Treatments to date include medication management, physical therapy, and acupuncture. Work status is described as off work. The treatment plan included 6 physical therapy and acupuncture sessions, 3 shockwave therapy treatments, and ortho consult. The original utilization review (10-19-2015) had non-certified a request for extracorporeal shock wave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shock wave therapy:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Extracorporeal shock wave therapy (ESWT) and Other Medical Treatment Guidelines [http://www.aetna.com/cpb/medical/data/600\\_699/0649.html](http://www.aetna.com/cpb/medical/data/600_699/0649.html).

**Decision rationale:** Pursuant to the ACOEM, extracorporeal shock wave therapy is not medically necessary. Aetna considers extracorporeal shock-wave therapy (ESWT) medically necessary for calcific tendinopathy of the shoulder of at least 6 months duration with calcium deposit of 1 cm or greater, and who have failed to respond to appropriate conservative therapies (e.g., rest, ice application, and medications). Aetna considers extracorporeal shock-wave therapy (ESWT), extracorporeal pulse activation therapy (EPAT) (also known as extracorporeal acoustic wave therapy) experimental and investigational for the following indications (not an all-inclusive list) because there is insufficient evidence of effectiveness of ESWT for these indications in the medical literature: Achilles tendonitis (tendinopathy); Delayed unions; Erectile dysfunction; Lateral epicondylitis (tennis elbow); Low back pain; Medial epicondylitis (golfers elbow); Non-unions of fractures; Osteonecrosis of the femoral head; Patellar tendinopathy; Peyronie's disease; Rotator cuff tendonitis (shoulder pain); Stress fractures; Wound healing (including burn wounds); Other musculoskeletal indications (e.g., calcaneal spur, Hammer toe, tenosynovitis of the foot or ankle, and tibialis tendinitis). In this case, the injured worker's working diagnosis is right lateral epicondylitis. Date of injury is January 6, 2015. Request for authorization is October 13, 2015. According to a September 30, 2015 progress note, subjective complaints of intermittent elbow pain 5/10. Objectively, there is swelling and decreased range of motion of the left elbow. There is tenderness over the lateral condyle. Extracorporeal shock wave therapy is not indicated for lateral epicondylitis. Based on clinical information the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for extracorporeal shock wave therapy for lateral epicondylitis, extracorporeal shock wave therapy is not medically necessary.