

Case Number:	CM15-0036689		
Date Assigned:	03/05/2015	Date of Injury:	09/19/2013
Decision Date:	04/09/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 9/19/13. The injured worker has complaints of occasional moderate achy right shoulder pain; occasional mild achy right elbow pain and frequent moderate achy right wrist pain, associated with gripping. The diagnoses have included right shoulder bursitis; status post surgery, right shoulder; right medial epicondylitis; right medial epicondylitis; right dequervains and right de Quervain's disease. The claimant has undergone ultrasound, NSAIDs and physical therapy. According to the utilization review performed on 2/4/15, the requested ESWT/Electrocorporeal Shockwave Therapy to the rotator cuff and medical epicondylitis, once weekly for three weeks has been non-certified. American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT/Electrocorporeal Shockwave Therapy to the rotator cuff and medical epicondylitis, once weekly for three weeks: 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), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- elbow chapter and shockwave pg 12.

Decision rationale: According to the ODG guidelines, ESWT is not recommended. High energy ESWT is not supported, but low energy ESWT may show better 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 this case, the claimant was prescribed physical therapy a few weeks prior to the request for ESWT. The amount and timing of the therapy are not provided. As noted above, the ESWT is not recommended within a month of therapy. In addition, there is lack of evidence to support ESWT. The ESWT is not medically necessary.