

Case Number:	CM15-0039993		
Date Assigned:	03/10/2015	Date of Injury:	12/08/2006
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 8, 2006. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve a request for extracorporeal shockwave therapy and what appeared to be a diagnostic ultrasound of the elbow. An RFA form received on February 6, 2015 was referenced in the determination. Somewhat incongruously, the claims administrator referenced non-MTUS 2008 ACOEM Guidelines on therapeutic ultrasound and, furthermore, mislabeled the same as originating from the MTUS. Non-MTUS 2008 ACOEM Guidelines were referenced in the extracorporeal shockwave therapy denial, as was the progress note of January 19, 2015. The applicant's attorney subsequently appealed. In an RFA form dated February 13, 2015, extracorporeal shockwave therapy was endorsed. In an associated progress note of January 19, 2015, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of elbow, wrist, and shoulder pain. The applicant was not working, it was acknowledged, following the imposition of permanent work restrictions by a medical-legal evaluator. A diagnostic ultrasound of the elbow to assess for elbow epicondylitis and extracorporeal shockwave therapy were proposed while the applicant was seemingly kept off of work. The applicant was apparently using Percocet and Nucynta for pain relief, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 3 Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: The request for three sessions of extracorporeal shockwave therapy for the elbow was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, page 29, extracorporeal shockwave therapy is "strongly recommended against" for applicants with elbow epicondylitis, as was present here on or around the date in question. Therefore, the request was not medically necessary.

Right Elbow Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3, Elbow (2013), General Summary of Recommendations, Evaluation and Diagnostic Issues.

Decision rationale: Similarly, the request for a diagnostic ultrasound of the elbow was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 10 does not address the topic of diagnostic ultrasound for the elbow, the body part at issue here. However, the Third Edition ACOEM Guidelines Elbow Chapter notes that diagnostic ultrasound is seldom necessary. While ACOEM qualifies its position by noting that diagnostic ultrasound testing may be helpful in select cases involving biceps tendinosis, severe strains or refractory epicondylalgia, in this case, however, the applicant already had a clinically established diagnosis of elbow epicondylitis. It was not clearly stated what role and/or what purposes diagnostic ultrasound would play here. The attending provider's handwritten progress note contained little-to-no rationale for the request at hand. No information was furnished so as to augment the request at hand. There was no mention of the applicant's considering or contemplating any kind of surgical intervention based on the outcome of the study, for instance. Therefore, the request was not medically necessary.