

Case Number:	CM15-0050957		
Date Assigned:	03/24/2015	Date of Injury:	05/17/2013
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 38-year-old woman sustained an industrial injury on 5/17/2013. The mechanism of injury is not detailed. Evaluations include a right elbow MRI dated 1/16/2015. Diagnoses include right lateral epicondylitis and right forearm tendonitis. Treatment has included oral medications, acupuncture, and physical therapy. Physician notes on a PR-2 dated 2/4/2015 show left elbow pain rated 6/10. Recommendations include right elbow acupuncture and extracorporeal shockwave therapy to the right elbow lateral epicondyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy, Right Elbow Epicondyle: 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): 29-40.

Decision rationale: This injured worker has chronic elbow pain. Per the guidelines, quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral

epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a strong recommendation against using extracorporeal shockwave therapy. The notes do not document the rationale for this treatment given lack of evidence of efficacy and potential side effects. The medical records do not substantiate medical necessity for extracorporeal shockwave therapy treatments, and therefore this requested treatment is not medically necessary.