

<b>Case Number:</b>	CM15-0057009		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: North Carolina

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:

This 54 year old female sustained an industrial injury to the low back and right elbow on 10/31/12. In May 2014, the injured worker re-injured her right shoulder and lumbar spine as well as injuring her right arm. Previous treatment included diagnostics, epidural steroid injections, physical therapy, chiropractic therapy, activity modification, home exercise and medications. In a PR-2 dated 2/26/15, the injured worker reported that low back pain was 85% improved since epidural steroid injection on 12/12/14. The injured worker reported having no leg pain. The injured worker still complained of right elbow pain 2/10 on the visual analog scale with decreased strength in gripping and grasping. Current diagnoses included lumbar spine sprain/strain with bilateral lower extremity radiculopathy, lumbar spine annular tear, right sacroiliac ligament sprain/strain, right elbow tendonitis, right lateral epicondylitis and right ulnar neuropathy. The treatment plan included continuing home exercise and stretching and requesting authorization for 3 sessions of high and/or low energy extracorporeal shockwave treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 sessions of high and/or low energy extracorporeal shockwave treatment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, shockwave therapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy. 2. Three conservative therapies prior to ESWT have been tried prior. 3. No contraindications to therapy. 4. Maximum of 3 therapy sessions over 3 weeks. Criteria as outlined above has not been met and therefore the request is not certified.