

<b>Case Number:</b>	CM15-0080643		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old male, who sustained an industrial injury on 05/14/2013. On provider visit dated 02/12/2015, the injured worker has reported right shoulder and right elbow pain. On examination of the right elbow, tenderness to palpation over the right lateral epicondyle was noted. The diagnoses have included right elbow lateral epicondyle status post two steroid injection rule out internal derangement. Treatment to date has included home exercise, medication, and MRI. The provider requested Solace Stim Unit with 12 Months supplies and Shockwave 1x3 For the Right Elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solace Stim Unit With 12 Months supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of NMES Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication and therapy, none of which has been demonstrated. There is no documented short-term or long-term goals of treatment with any previous TENS unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief from conservative treatment currently being rendered as part of the functional restoration approach to support the request for the NMES Unit trial. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered. The Solace Stim Unit With 12 Months supplies is not medically necessary and appropriate.

**Shockwave 1x3 For The Right Elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow Chapter, Extracorporeal shockwave therapy (ESWT), pages 112-113.

**Decision rationale:** The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis and do not recommend for elbow strain/sprain or epicondylitis as long-term effectiveness has not been evident. Diagnosis include lateral epicondylitis of the elbow. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment outside guidelines criteria. The Shockwave 1x3 For the Right Elbow is not medically necessary and appropriate.