

Case Number:	CM15-0083076		
Date Assigned:	05/05/2015	Date of Injury:	12/03/2014
Decision Date:	06/08/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 55 year old male, who sustained an industrial injury on 12/03/2014. He reported that his left elbow was hit by a swinging door causing pain and swelling to the left elbow along with pain to the right elbow. The injured worker was diagnosed as having bilateral elbow lateral epicondylitis. Treatment to date has included medication, use of a tennis elbow strap, and physical therapy. In a progress note dated 03/19/2015 the treating physician reports moderate to severe pain with swelling to the lateral aspect of the bilateral elbows. The treating physician also noted that the symptoms were not improving with treatment. The injured worker was noted to have tenderness to palpation to the lateral aspect of the bilateral elbows with a positive wrist extension test, a positive grasp test, along with swelling to these areas. Range of motion caused pain with elbow flexion and extension. The treating physician requested shockwave therapy to bilateral elbows with the treating physician noting that previous shockwave therapy to the right elbow completely resolved that pain for ten years. The treating physician also requested pre-operative laboratory studies of a complete blood count, chemistry 7, and an electrocardiogram for shockwave treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave treatment to both right and left elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: This 55 year old male has complained of elbow pain since date of injury 12/3/14. He has been treated with physical therapy and medications. The current request is for shockwave treatment to the right and left elbows. Per the ACOEM guidelines cited above, shock wave treatment is not a physical modality that is recommended in the treatment of elbow pain. On the basis of the available medical records and per the ACOEM guidelines cited above, shockwave treatment to the right and left elbows is not medically necessary.

Pre-op labs to consist of CBC, Chem 7 and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 55 year old male has complained of elbow pain since date of injury 12/3/14. He has been treated with physical therapy and medications. The current request is for pre-op labs to consist of CBC, Chem 7 and EKG. The available medical records do not contain documentation of an upcoming planned surgical procedure. As such, pre-op ekg and laboratories are not medically necessary.