

Case Number:	CM15-0086546		
Date Assigned:	05/08/2015	Date of Injury:	10/22/2013
Decision Date:	06/22/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/05/2015

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 61 year old male who sustained an industrial injury on 10/22/2013. Current diagnoses include cervical spine disc bulges, right shoulder surgery, left shoulder surgery, right elbow strain, right carpal tunnel syndrome, right hand strain, and left wrist strain. Previous treatments included medication management, bilateral shoulder surgery. Previous diagnostic studies include MRI's of the right shoulder, left shoulder, cervical spine, right elbow, right wrist, and left wrist, and an upper extremity electro diagnostic studies. Report dated 03/18/2015 noted that the injured worker presented with complaints that included pain in the neck, right and left shoulder/arm, right elbow/forearm, right wrist/hand, and left wrist. Pain level was not included. Physical examination was positive for intact light touch sensation in the right lateral shoulder, right thumb tip, right long tip, and right small tip. The treatment plan included requests for PENS (P-Stim), shockwave therapy for the right elbow, request for consultation with pain medicine, upper extremity surgeon, and spine surgeon, and return in 5 weeks. Disputed treatments include shockwave therapy for the right elbow, 3 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the right elbow, 3 treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Elbow Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Extracorporeal shockwave therapy (ESWT).

Decision rationale: The patient presents on 03/18/15 with unrated pain in the neck, bilateral shoulders, bilateral wrists, right elbow, and left wrist. The patient's date of injury is 10/22/13. Patient has undergone unspecified bilateral shoulder surgeries, though the dates and exact nature of the procedures is not provided. The request is for SHOCKWAVE THERAPY X3 RIGHT ELBOW. The RFA is dated 03/18/15. Physical examination dated 03/18/15 reveals intact sensation in the right lateral shoulder, right thumb tip, right long finger tip, right small finger tip. No other physical findings are included. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not provided. ODG Elbow chapter, under Extracorporeal shockwave therapy (ESWT) has the following: "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): If the decision is made to use this treatment despite the lack of convincing evidence. (1) Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment. (2) At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (f) Injections (Cortisone). (3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. (4) Maximum of 3 therapy sessions over 3 weeks." In regard to extracorporeal shockwave therapy for the right elbow, the patient has not satisfied guideline criteria and the requesting provider has not specified an appropriate power level. Progress notes provided for review establish that this patient has experienced elbow pain for greater than 6 months, and does not present with any factors which would contraindicate the procedure. The request specifies a number of sessions consistent with guidelines, though it does not indicate whether this is to be high-energy or low-energy. Guidelines do not support high- energy ESWT. Additionally, the documentation and physical examinations do not include a formal diagnosis of epicondylitis, or describe positive findings of epicondylar or lateral elbow pain. Owing to a lack of physical findings suggestive of epicondylitis, a formal diagnosis of epicondylitis, and an unspecified power level, the request as written cannot be substantiated. The request IS NOT medically necessary.