

Case Number:	CM15-0246097		
Date Assigned:	12/28/2015	Date of Injury:	12/12/2013
Decision Date:	01/29/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/17/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 42 year old female who sustained an industrial injury on 12-12-13. A review of the medical records indicates that the worker is undergoing treatment for rule out right shoulder impingement: rotator cuff pathology, status post right elbow surgery, upper extremity compression neuropathy: rule out, and lateral epicondylitis: right elbow. Subjective complaints (9-22-15 and 10-13-15) include right shoulder pain rated at 7 out of 10, right elbow pain (lateral aspect), compensatory left shoulder pain, right upper extremity "burning pain and overly sensitive arm" rated at 5 out of 10, and cervical pain rated at 5 out of 10. Current medications are Cyclobenzaprine and Ibuprofen. Work status was noted as temporarily totally disabled for 4 weeks. Objective findings of the right elbow (10-13-15) include mild erythema, tenderness of the right lateral epicondyle, diminished sensation (right hand and forearm: diffuse), and extension to -30 degrees and flexion 120 degrees with pain. The physician notes right elbow tendinitis/epicondylitis is documented consistent with exam findings, does result in diminution in functionality and hence work ability/ capacity, and the condition continues to decline and activities of daily living are in jeopardy. The physician reports epicondylitis has remained refractory to injection, home exercise, activity modification, non-steroidal anti-inflammatory drugs, and physical therapy. A request for authorization is dated 11-5-15 and 11-10-15. The requested treatment of extracorporeal shock wave therapy (5 visits for 30 days) for the right elbow was denied on 11-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy 5 visits for 30 days right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Elbow, Extracorporeal shockwave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/600_699/0649.html.

Decision rationale: Pursuant to the ACOEM, extracorporeal shock wave therapy five visits for 30 days to the right elbow is not medically necessary. Aetna considers extracorporeal shock/wave therapy (ESWT) medically necessary for calcific tendinopathy of the shoulder of at least 6 months duration with calcium deposit of 1 cm or greater, and who have failed to respond to appropriate conservative therapies (e.g. rest, ice application, and medications). Aetna considers extracorporeal shock-wave therapy (ESWT), extracorporeal pulse activation therapy (EPAT) (also known as extracorporeal acoustic wave therapy) experimental and investigational for the following indications (not an all-inclusive list) because there is insufficient evidence of effectiveness of ESWT for these indications in the medical literature: 1. Achilles tendonitis (tendonopathy), 2. Delayed unions, 3. Erectile dysfunction, 4. Lateral epicondylitis (tennis elbow), 5. Low back pain, 6. Medial epicondylitis (golfers elbow), 7. Non-unions of fractures, 8. Osteonecrosis of the femoral head, 9. Patellar tendonopathy, 10. Peyronie's disease, 11. Rotator cuff tendonitis (shoulder pain), 12. Stress fractures, 13. Wound healing (including burn wounds), 14. Other musculoskeletal indications (e.g. calcaneal spur, Hammer toe, tenosynovitis of the foot or ankle, and tibialis tendinitis). In this case, the injured workers working diagnoses are rule out right shoulder impingement/rotator cuff pathology, status post right elbow surgery, upper extremity compression neuropathy, and lateral epicondylitis right elbow. Date of injury is December 12, 2013. Request for authorization is November 10, 2015. According to an October 13, 2015 progress note, the injured worker has a history of right lateral epicondylitis surgery and is status post two injections. The injured worker has refractory pain about the elbow. Objectively, there is mild erythema with painful range of motion. There is tenderness lateral epicondyle. The guidelines do not recommend extracorporeal shock wave therapy to the elbow. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, extracorporeal shock wave therapy five visits for 30 days to the right elbow is not medically necessary.