

Case Number:	CM13-0063356		
Date Assigned:	12/30/2013	Date of Injury:	04/29/2009
Decision Date:	09/22/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/10/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 52-year-old male who sustained a work related injury through cumulative. The dates of injury are from April 29, 2009 to February 1, 2012. The patient has diagnoses of bilateral elbow epicondylitis, knee pain, depression, anxiety, headaches, lumbar radiculopathy, lumbar spinal stenosis, chronic low back pain. The patient has tried conservative therapies including physical therapy, acupuncture, and topical pain medications. The disputed request is for extracorporeal shockwave therapy, which was denied by utilization reviewer this utilization reviewer stated that a peer to peer was conducted with the requesting provider and the reviewer stated that there is limited evidence for shockwave therapy in the spine region. Therefore non-certification was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30.

Decision rationale: In the case of this injured worker, the submitted documentation does not include a progress note that justifies the request for extracorporeal shockwave therapy and to which body regions it is to be applied to. The utilization reviewer stated that a peer to peer discussion was conducted, and the requesting provider requested this shockwave therapy to various body parts including the spine. There is documentation of bilateral elbow epicondylitis. The California Medical Treatment and Utilization Schedule Code of Regulation references the ACOEM guidelines in the management of chronic elbow pain. The ACOEM Practice Guidelines recommend against Shockwave Therapy for elbow epicondylitis in the most updated edition of these guidelines. Clearly there is no evidence to support use of shockwave therapy for his body region. Given these guidelines cited above, this request is not medically necessary.