

<b>Case Number:</b>	CM14-0128655		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/09/2001
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 and is licensed to practice in Illinois. 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:

The injured worker is a 50-year-old female who reported an injury on 10/09/2001. The mechanism of injury was not provided. The injured worker is diagnosed with right elbow cubital tunnel syndrome and medial and lateral epicondylitis. The injured worker's past treatments included medications. The injured worker's diagnostic testing included MRI of the cervical spine on 06/16/2014. The injured worker's surgical history was not provided. On the clinical note dated 08/28/2014, the injured worker complained of neck pain radiating to bilateral upper extremities with numbness and tingling. The injured worker rated her pain 5/10 with medication and 8/10 without medication. The injured worker reported with medication, she is able to perform activities of daily living and able to work. Bilateral elbows revealed tenderness to palpitation over the medial and lateral epicondyles. The Cozen's test and reverse Cozen's test are positive. Range of motion of the elbow was flexion at 140 degrees and extension at 0 degrees. The injured worker's medications include Ultram Extended Release 150 mg 1 to 2 daily as needed and Flexeril 7.5 mg 1 twice a day. The request was for unknown shockwave therapy sessions for the right elbow. The rationale for request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for unknown shockwave therapy sessions for the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

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

**Decision rationale:** The request for request for unknown shockwave therapy sessions for the right elbow is not medically necessary. The injured worker is diagnosed with right elbow cubital tunnel syndrome and medial /lateral epicondylitis. The California MTUS/ACOEM Guidelines do not recommend extracorporeal shockwave therapy for acute/subacute and chronic lateral epicondylalgia. The guidelines state there is strong evidence that extracorporeal shockwave therapy is not effective in the management of lateral epicondylalgia. Thus, it is not recommended. Additionally, the request does not indicate the number of sessions for shockwave therapy. As such, the request for request for unknown shockwave therapy sessions for the right elbow is not medically necessary.