

Case Number:	CM14-0140292		
Date Assigned:	09/10/2014	Date of Injury:	03/01/2011
Decision Date:	10/29/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/29/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 58 year old female with a work injury dated 3/1/11. The diagnoses include bilateral elbow lateral epicondylitis. Under consideration is a request for high and low energy extracorporeal shock wave therapy treatment, 5 times (5 per diagnosis one treatment every 2 weeks), There is a primary treating physician report dated 7/7/14 that states that the patient had pain in the neck, low back, and bilateral knees. On exam there was tenderness in the paracervical and paraspinal musculature, reduced cervical range of motion with pain and stiffness, positive shoulder depression, 4/5 motor strength, tenderness over the bilateral lumbar paraspinal musculature. There was sacroiliac and sciatic notch tenderness. The lumbar range of motion was 90% of normal. There was a positive Kemp and Patrick/Faberge, tenderness over bilateral shoulders, bilateral elbows, and bilateral wrists, positive Tinsel, and positive epicondylitis. The treatment plan was to continue medications, continue physical therapy/exercise, obtain MRI results, and anticipate EMG/NCV study.

IMR ISSUES, DECISIONS AND RATIONALES

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

High and Low energy extracorporeal shock wave therapy treatment, 5 times (5 per diagnosis one treatment every 2 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29; 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine-ESWT (Neck and upper back chapter) and Other Medical Treatment Guideline or Medical Evidence: Clinical Policy Bulletin: Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue, Injuries Number: 0649.

Decision rationale: The MTUS ACOEM guidelines state that some medium quality evidence supports high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. There is a recommendation against using extracorporeal shockwave therapy for lateral epicondylitis. The MTUS guidelines do not discuss ESWT for the cervical spine. The ODG does not discuss ESWT for the cervical spine. Other guidelines such as Aetna clinical policy bulletin were reviewed and do not recommend ESWT for low back pain or other musculoskeletal conditions (i.e. cervical spine or thoracic region). The request as written does not indicate a body part for which the shock wave treatment will be applied. There is a diagnosis of lateral epicondylitis which the MTUS guidelines do not recommend using ESWT for. The patient has low back and neck pain for which ESWT is not supported. High and Low energy extracorporeal shock wave therapy treatment, 5 times (5 per diagnosis one treatment every 2 weeks) is not medically necessary per the MTUS ACOEM and the ODG Guidelines.