

<b>Case Number:</b>	CM14-0142265		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 64 year old female with a work injury dated 8/7/13. The diagnoses include cervical spine strain with bilateral upper extremity radiculopathy, bilateral elbow strain; bilateral shoulder impingement syndrome and left biceps tendonitis. Under consideration is a request for high and/or low energy extracorporeal shockwave treatment three treatments per diagnosis (one treatment every two weeks). There is a primary treating physician report dated 7/29/14 that states that the patient complains of left shoulder pain, weakness, limited motion. There is forearm pain and numbness in the left thumb and little finger. On exam there is a positive left Cozen's test. There is a tender lateral epicondyle. There is tenderness on the lateral forearm. The plan includes a request for shockwave therapy to the elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**High and/or low energy extracorporeal shockwave treatment three treatments per diagnosis (one treatment every two weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines/ESWT

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

**Decision rationale:** High and/or low energy extracorporeal shockwave treatment three treatments per diagnosis (one treatment every two weeks) is not medically necessary per the MTUS guidelines. The MTUS ACOEM guidelines state that quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy. Due to the fact that shockwave therapy is not recommended by the guidelines for the elbow and that the request does not indicate specific body parts, the request for high and/or low energy extracorporeal shockwave treatment three treatments per diagnosis (one treatment every two weeks) is not medically necessary.