

<b>Case Number:</b>	CM14-0167815		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old male with a 3/31/06 date of injury. At the time (9/5/14) of the request for authorization for bilateral medial elbow shock wave, there is documentation of subjective (continued pain with reaching, lifting, pushing and pulling) and objective (tenderness to palpation at medial epicondyle) findings, current diagnoses (bilateral elbow medial/lateral epicondylitis), and treatment to date (rest, medications, and a home exercise program).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral medial elbow shock wave:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Extracorporeal shockwave therapy (ESWT)

**Decision rationale:** MTUS reference to ACOEM guidelines identify published randomized clinical trials are needed to provide better evidence for the use of many physical modalities that

are commonly employed. Some therapists use a variety of procedures; conclusions regarding their effectiveness may be based on anecdotal reports or case studies. Included among these modalities are massage, diathermy, extracorporeal shockwave therapy (ESWT), low-level laser therapy (LLLT), ultrasonography, transcutaneous electrical neurostimulation (TENS), electrical stimulation (E-STIM), iontophoresis, and biofeedback. ODG identifies extracorporeal shockwave therapy (ESWT) is not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Therefore, based on guidelines and a review of the evidence, the request for bilateral medial elbow shock wave is not medically necessary.