

<b>Case Number:</b>	CM14-0202499		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 40 year old male who sustained a work related injury October 1, 2011. A qualified medical examination report dated November 12, 2013, documents x-rays of the left elbow and wrist show no evidence of cyst or arthritis. Diagnoses are documented as chronic recurrent ulnar neuritis left elbow; on-going carpal tunnel syndrome, left hand; mild impingement left shoulder; non-radicular cervical spine sprain; and mild carpal tunnel syndrome, right upper extremity. According to a physician's progress report dated October 21, 2014(handwritten and all not legible), the injured worker presented with complaints of pain in the left wrist and elbow with weakness. Physical examination is documented as left wrist; positive Tinel's and Phalen's with tenderness to palpation. The range of motion 60/60/20/30 with decreased sensory/ median. The injured worker is currently prescribed Norco and Lidoderm patch to the left elbow. Treatment plan included continue home exercise, continue home EMS and request for ESWT. Work status is documented as temporarily totally disabled. According to an extracorporeal shockwave therapy report, dated November 11, 2014, the injured worker presented for treatment one of three, complaining of pain 5-6/10 at the right elbow. Documentation reveals complaints of constant pain at the right elbow since 2010. Conservative treatment helps temporarily. There is increased pain with flare-ups, repetitive use and accidental bumping, gripping. The pain radiates to and from the right wrist. According to utilization review report dated November 18, 2014, the request for High and/or Low Energy Extracorporeal Shockwave Treatment Right Elbow QTY: 3 is non-certified. The request for High and/or Low Energy Extracorporeal Shockwave Treatment Left Elbow QTY: 3 is non-certified. Citing

Official Disability Guidelines (ODG) Elbow (Acute&Chronic) 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.

### **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 of the right elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic), ESWT

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow section, Extracorporeal shockwave therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, high and low energy extracorporeal shock wave therapy (ESWT) to the right elbow is not medically necessary. ESWT is not recommended to the elbow. High-energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. In this case, the injured worker's working diagnoses are bilateral elbow medial and lateral epicondylitis; bilateral FA/wrist/hand tendinitis/CTS (illegible). Subjectively, the injured worker complains of numbness and tingling at night; left wrist dropping things; and bilateral elbow pain and weakness. Objectively, positive Phelan sign and Tinel's sign are present. The guidelines do not recommend extracorporeal shock wave therapy to the elbow. High energy ESWT is not supported, but low-energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Consequently, according to the guidelines, high and low energy extracorporeal shock wave therapy (ESWT) to the right elbow is not medically necessary.

#### **High and/or Low Energy Extracorporeal Shockwave Treatment of the left elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic), ESWT

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow section, Extracorporeal shockwave therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, high and low energy extracorporeal shock wave therapy (ESWT) to the left elbow is not medically necessary. ESWT is not recommended to the elbow. High-energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. In this case, the injured worker's working diagnoses are bilateral elbow medial and lateral epicondylitis; bilateral FA/wrist/hand tendinitis/CTS (illegible). Subjectively, the injured worker complains of numbness and tingling at night; left wrist dropping things; and bilateral elbow pain and weakness. Objectively, positive Phelan sign and Tinel's sign are present. The guidelines do

not recommend extracorporeal shock wave therapy to the elbow. High energy ESWT is not supported, but low-energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Consequently, according to the guidelines, high and low energy extracorporeal shock wave therapy (ESWT) to the left elbow is not medically necessary.