

Case Number:	CM14-0211482		
Date Assigned:	12/24/2014	Date of Injury:	06/01/1988
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 6/1/88. A utilization review determination dated 12/4/14 recommends non-certification/modification of extracorporeal shockwave treatments. It referenced an 11/19/14 medical report (not included for review) identifying bilateral shoulder and elbow pain made worse with twisting and activities. On exam, there is tenderness to the lateral epicondyles, positive Cozen's test, with elbow ROM 0-140 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Sessions of high and/or low energy extracorporeal shockwave treatments: 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 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 203, 29.

Decision rationale: Regarding the request for extracorporeal shockwave treatments, CA MTUS and ACOEM support the use of extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. Regarding the elbow, CA MTUS and ACOEM 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 for the elbow. Within the documentation available for review, there is no indication of calcifying tendonitis of the shoulder and ESWT is not supported for other conditions of the shoulder and elbow. In light of the above issues, the currently requested extracorporeal shockwave treatments are not medically necessary.