

Case Number:	CM14-0213501		
Date Assigned:	02/04/2015	Date of Injury:	11/11/2013
Decision Date:	03/24/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] who has filed a claim for chronic neck, mid back, elbow, and shoulder pain reportedly associated with cumulative trauma at work between the dates of November 11, 2012 and November 11, 2013. In a utilization review report dated November 20, 2014, the claims administrator failed to approve a request for extracorporeal shockwave therapy for the elbow. The applicant's attorney subsequently appealed. In a December 22, 2014 progress note, the applicant was placed off work, on total temporary disability. A surgical consultation for the elbow was apparently endorsed. The note was very difficult to follow and not entirely legible. The applicant was also given Lidoderm patches. The applicant received extracorporeal shockwave therapy for the elbow at various points in time, including on December 9, 2014, and October 28, 2014. The extracorporeal shockwave therapy at issue was apparently ordered on September 30, 2014. On that date, Lidoderm patches were also renewed. Once again, the applicant was described as off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow extracorporeal shockwave therapy x 3 high and or low energy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: 1.No, the request for extracorporeal shockwave therapy for the elbow was not medically necessary, medically appropriate, or indicated here.As noted in the MTUS Guideline in ACOEM Chapter 10, page 29, extracorporeal shockwave therapy, the modality at issue, is "strongly recommended against" for applicants with elbow problems, as were/are present here. The attending provider's handwritten documentation was very difficult to follow and did not furnish much compelling rationale or applicant-specific evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.