

Case Number:	CM14-0216243		
Date Assigned:	01/06/2015	Date of Injury:	06/02/2010
Decision Date:	02/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/24/2014

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 62 year old man with a date of injury of 6/2/10. He was seen by his primary treating physician on 12/11/14 with complaints of right elbow pain with radiation. His right elbow and wrist were tender to palpation over the lateral epicondyle region. Cozen's test and reverse Cozen's test were positive. Tinel's sign was positive eliciting radicular symptoms down the ulnar root distribution. His diagnoses were post-contusion, right elbow/medial and lateral epicondylitis. At issue in this review is the request for shock wave therapy - 3 sessions for calcific lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Sessions of high and or low energy extra corporeal shock wave 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 10 Elbow Disorders (Revised 2007) Page(s): 29, 40.

Decision rationale: This injured worker has chronic elbow pain. Per the guidelines, 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 strong recommendation against using extracorporeal shockwave therapy. The note of 12/14 does not document the rationale for this treatment given lack of evidence of efficacy and potential side effects. The medical records do not substantiate medical necessity for extracorporeal shockwave therapy treatments.