

Case Number:	CM14-0219337		
Date Assigned:	01/12/2015	Date of Injury:	10/28/2011
Decision Date:	03/06/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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, Illinois

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 injured worker is a 58 year old male who sustained an industrial injury on October 28, 2011, injuring the cervical spinal cord, shoulders (including armpit, rotator cuff, trapezius, clavicle, and scapula), and elbow. The diagnoses include unspecified arthropathy, other tenosynovitis of hand and wrist, lateral epicondylitis of elbow, mononeuritis of upper limb, and multiplex, sprain and strain of other specified sites of shoulder and upper arm, and osteoarthritis. Treatment to date has included oral and topical medications, TENS, steroid injections, physical therapy, chiropractic care, and a home exercise program. The injured worker is reported to be complaining of flare-up of bilateral elbow, shoulder and neck pain. The physical examination noted midline tenderness of the neck extending from C1-C7, with bilateral paravertebral muscle tenderness noted; bilateral trapezius tenderness, midback midline tenderness and lower back tenderness extending from L1-S1, with bilateral lumbar facet joint tenderness. The left shoulder examination was noted tenderness over the anterior lateral posterior and superior aspects of the left shoulder, with restricted movements due to pain. Examination of the right elbow revealed tenderness over the medial and lateral aspects of the right and left elbow, with slightly restricted painful movement.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Shockwave Therapy, 1x3 Weeks For The Right Elbow As An Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41-47.

Decision rationale: The injured worker sustained a work related injury on October 28, 2011. The medical records provided indicate the diagnosis of unspecified arthropathy, other tenosynovitis of hand and wrist, lateral epicondylitis of elbow, mononeuritis of upper limb, and multiplex, sprain and strain of other specified sites of shoulder and upper arm, and osteoarthritis. Treatment to date has included oral and topical medications, TENS, steroid injections, physical therapy, chiropractic care, and a home exercise program. The medical records provided for review do not indicate a medical necessity for 3 Shockwave Therapy, 1x3 Weeks For The Right Elbow As An Outpatient. The MTUS recommends against use of Shockwave therapy for the treatment of epicondylitis. It does not recommend the use of this method in the treatment of any elbow disorder. Therefore, the requested treatment is not medically necessary and appropriate.