

Case Number:	CM15-0001825		
Date Assigned:	01/12/2015	Date of Injury:	04/29/2013
Decision Date:	03/09/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 39- year old female, who sustained an industrial injury from July 1, 2009 through April 29, 2013. Trauma was reported to be cumulative and diagnoses included cervical spine sprain and strain, right shoulder sprain and strain, right elbow medial and lateral epicondylitis and right wrist tendinitis. A magnetic resonance imaging of the cervical spine completed on September 6, 2014 showed reversal of cervical lordosis, a 2-mm midline disc protrusion at the T2-T3 and a 1-mm midline disc protrusion at the C5-C6 resulting in abutment of the cervical cord with mild central canal narrowing. Treatment to date has included pain medication, EMG and NCV studies, physical therapy and routine follow up. Currently, the IW complains of neck pain and right upper extremity pain. Physical exam was remarkable tender paraspinal, tenderness in the right shoulder with decreased range of motion and right elbow tenderness. Diagnoses includes neck sprain, displacement of cervical intervertebral disc without myelopathy, spinal stenosis in the cervical region, sprain of shoulder and upper arm, medial and lateral epicondylitis, lesion of the ulnar nerve and tenosynovitis of the hand and wrist. On December 24, 2014, the Utilization Review decision non-certified a request for high and low energy extracorporeal shockwave treatments to the right elbow, noting that this treatment was not recommended for acute, sub-acute and chronic lateral and medial epicondylalgia. The ACOEM Guidelines, Elbow Disorders and the ODG Elbow Chapter were cited. On January 2, 2015, the injured worker submitted an application for IMR for review of high and low energy extracorporeal shockwave treatments to the right elbow.

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 0101 Tx3 Right Elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG, Elbow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shock wave therapy. <http://www.odg-twc.com/index.html>

Decision rationale: According to ODG guidelines, shockwave therapy < Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011)>.