

Case Number:	CM15-0125887		
Date Assigned:	07/13/2015	Date of Injury:	06/04/2010
Decision Date:	08/12/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56 year old male who sustained an industrial injury on 6/4/10. Diagnosis is medial epicondylitis-bilateral. In a progress note dated 6/4/15, the treating physician notes complaints of bilateral elbow numbness and tingling, and pain when lifting, carrying, turning, and twisting. He complains of neck, right shoulder and right wrist pain with no change in symptoms but does not want to proceed with any injection or surgery at this time. Exam of the elbows notes tenderness to palpation at the medial and lateral epicondyle, flexion is 140 degrees and extension is 0 degrees. Cozens' test is positive. The cervical spine reveals tenderness to palpation. Work status is total temporary disability for 4-6 weeks. The treatment plan is to continue medication, home exercise and for Shock Wave therapy. The requested treatment is outpatient high and low energy Extracorporeal Shockwave treatment to bilateral elbows 3 times.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient high and low energy extracorporeal shockwave treatment (EWST) to bilateral elbow 3 times: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Extracorporeal shockwave therapy (ESWT).

Decision rationale: Regarding the request for Outpatient high and low energy extracorporeal shockwave treatment (EWST) to bilateral elbow 3 times, Occupational Medicine Practice Guidelines state 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. ODG states extracorporeal shockwave therapy is not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. As such, the currently requested Outpatient high and low energy extracorporeal shockwave treatment (EWST) to bilateral elbow 3 times is not medically necessary.