

Case Number:	CM15-0126801		
Date Assigned:	07/13/2015	Date of Injury:	05/14/2013
Decision Date:	08/07/2015	UR Denial Date:	06/22/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old female, who sustained an industrial injury on May 14, 2013. She reported an injury to her right shoulder and elbow. Treatment to date has included steroid injections of the right elbow, steroid injection of the right shoulder, work restrictions, and acupuncture. Currently, the injured worker complains of right elbow pain which she rates a 7 on a 10-point scale. On physical examination the injured worker has no bruising, swelling or atrophy of the right elbow. Her right elbow range of motion is painful and she has tenderness to palpation over the lateral elbow. The diagnosis associated with the request is right lateral epicondylitis. The treatment plan includes extracorporeal shockwave therapy once per week for three weeks to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy 1X3, right elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ESWT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Extracorporeal shockwave therapy (ESWT).

Decision rationale: The claimant sustained a work-related injury in May 2013 and continues to be treated for right elbow pain with a diagnosis of lateral epicondylitis. Treatments have included physical therapy, acupuncture, medications, and injections and surgery has been recommended. When seen, pain was rated at 7/10. There was lateral elbow tenderness and pain with range of motion. Research trials of extracorporeal shockwave therapy (ESWT) have yielded conflicting results and its value, if any, can presently be neither confirmed nor excluded. Criteria for its use include patients whose pain has remained despite six months of at least three conservative treatments including rest, ice, nonsteroidal anti-inflammatory medication, orthotics, physical therapy, and injections. A maximum of 3 therapy sessions over 3 weeks can be recommended. In this case, the claimant has chronic epicondylitis and has failed conservative treatments. The requested number of sessions is within the accepted guideline recommendation and was medically necessary.

Ortho Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in May 2013 and continues to be treated for right elbow pain with a diagnosis of lateral epicondylitis. Treatments have included physical therapy, acupuncture, medications, and injections and surgery has been recommended. When seen, pain was rated at 7/10. There was lateral elbow tenderness and pain with range of motion. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic elbow pain. She has already had a surgical evaluation and surgery had been recommended. Additional treatment (ESWT) is now being requested and her response to these treatments would be unknown. The requested consultation is not medically necessary at this time.