

Case Number:	CM15-0172644		
Date Assigned:	09/14/2015	Date of Injury:	12/05/1980
Decision Date:	10/14/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/01/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 12-5-1980. The injured worker was diagnosed as having lateral epicondylitis, cervical spine sprain and strain, bilateral shoulder tendinitis, bilateral elbow medial lateral epicondylitis, and bilateral carpal tunnel syndrome. Several pages of the medical records have handwritten information, which is difficult to decipher. The request for authorization is for: unknown shockwave therapy for the left elbow. The UR dated 8-9-2015: non-certified the request for unknown shockwave therapy for the left elbow. On 3-9-2015, she reported bilateral elbow pain with bilateral wrist and hand pain. She indicated there to be associated numbness and tingling and triggering and locking or snapping. She rated the pain 8 out of 10. Physical findings revealed negative Tinel's, bilateral wrist atrophy and bilateral thumbs with active triggering. Her work status is reported as modified. On 5-29-2015, she rated her pain 5-7 out of 10 and indicated it remained the same since her last examination. She is positive for triggering of the bilateral thumbs, decreased sensation along bilateral distal median nerve distribution, negative Tinel's, and the right lower extremity is noted to have cellulitis. She has a reported modified duty work status. On 7-29-2015, she reported left elbow pain rated 7-8 out of 10, bilateral wrist pain rated 8 out of 10, and bilateral shoulder, right elbow and cervical spine pain. Her work status is reported as modified. The left elbow is noted to be tender and have positive Cozen, bilateral wrists are noted to be tender and have positive Tinel's and Phalen. The treatment and diagnostic testing to date has included: medications, electrodiagnostic studies (2-13-2014), ultrasound of the bilateral elbow (7-11-2015), home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown shockwave therapy for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic), Extracorporeal shockwave therapy.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy; 2. Three conservative therapies prior to ESWT have been tried prior; 3. No contraindications to therapy; 4. Maximum of 3 therapy sessions over 3 weeks. The particular service is not recommended for the requested site per the ODG or the ACOEM. Review of the documentation does not supply information to contradict these recommendations and therefore the request is not medically necessary. In addition, ODG guidelines are not met for treatment.