

<b>Case Number:</b>	CM15-0179523		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 52 year old male who sustained an industrial injury on 13-31-12. A review of the medical records indicates he is undergoing treatment for left cubital tunnel syndrome-status-post surgical intervention and decompression on 8-7-14; left lateral epicondylitis-chronic and mild; left carpal tunnel syndrome-status post carpal tunnel release on 8-7-14; right lateral epicondylitis-moderate to severe and chronic; right medial epicondylitis with cubital tunnel syndrome - moderate to severe; and right-sided carpal tunnel syndrome. Medical records (7-22-15 to 8-14-15) indicate ongoing complaints of right upper extremity pain, affecting the lateral and medial aspect of the right elbow, as well as numbness, tingling, and weakness of the right hand. He rates the pain 6-7 out of 10. The physical exam (7-22-15) indicates tenderness over the right lateral and medial epicondyle. He has noted increased pain at the lateral epicondyle with dorsiflexion of the right wrist. Tinel's sign was positive on the medial elbow. Motor function of the right extremity is diminished at 3-4 out of 5. The left upper extremity has "some mild tenderness medially, mild tenderness at the lateral aspect of the elbow. He is status-post left cubital tunnel and left carpal tunnel release on 8-7-14. The treatment recommendations were to follow up with the surgeon regarding cubital tunnel and carpal tunnel releases on the right side, continue medications of Norco and Terocin patches, as well as compound creams. On 8-3-15, a request form for shockwave treatments was completed for the elbows. On 8-14-15, the injured worker's pain rating was unchanged. No change in medical management was noted. The Utilization Review (8-19-15) indicates denial of the requested shockwave treatments, indicating that there was insufficient documentation of the

patient's condition and medical history; guidelines do not support this treatment for medial and lateral epicondylitis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Extracorporeal Shockwave Therapy, Bilateral Elbows, 1 time wkly for 4 wks, 4 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbows (Acute & Chronic) - Extracorporeal Shockwave Therapy (ESWT).

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, Medial Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Extracorporeal shockwave therapy (ESWT).

**Decision rationale:** Per the cited CA MTUS and ODG, they both recommend against using extracorporeal shockwave therapy (ESWT) for treatment of medial and lateral epicondylitis. The ODG further states that high energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. In the case of this injured worker, he is currently using Norco and Terocin, he was to follow up with a surgeon regarding cubital and carpal tunnel releases, and had undergone ESWT on 8-20-15. Per the cited guidelines, ESWT is not indicated for the current diagnoses; thus, the request for extracorporeal shockwave therapy, bilateral elbows, 1 per week #4, is not medically necessary and appropriate.