

Case Number:	CM15-0021892		
Date Assigned:	02/11/2015	Date of Injury:	07/09/2014
Decision Date:	04/09/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/05/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 61 year old female, who sustained an industrial injury on 7/9/14. She has reported pain in the upper back and neck. The diagnoses have included cervical spine bulge, thoracic strain and left shoulder internal derangement. Treatment to date has included physical therapy, MRI of the left shoulder and oral medications. As of the PR2 dated 12/17/14, the injured worker reports pain in the upper back, neck and left upper extremity. The treating physician requested extracorporeal shockwave therapy 1x week for 3 weeks for left elbow. On 1/6/15 Utilization Review non-certified a request for extracorporeal shockwave therapy 1x week for 3 weeks for left elbow. The utilization review physician cited the ACOEM and ODG guidelines for elbow disorders. On 2/6/15, the injured worker submitted an application for IMR for review of extracorporeal shockwave therapy 1x week for 3 weeks for left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy 1 time a week for 3 weeks for the Left Elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow, Extracorporeal Shockwave Therapy.

Decision rationale: 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 the requested procedure is not recommended by the guidelines, medical necessity cannot be affirmed.