

Case Number:	CM15-0025790		
Date Assigned:	02/18/2015	Date of Injury:	10/11/2013
Decision Date:	04/02/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/10/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54-year-old female, with a reported date of injury of 10/11/2013. The diagnoses include cervical spine strain/sprain, brachial neuritis or radiculitis, shoulder and upper arm sprain, lesion of ulnar nerve, medial epicondylitis, lateral epicondylitis, and cervical intervertebral disc displacement without myelopathy. Treatments have included chiropractic treatment, an MRI of the left shoulder on 12/11/2013, electromyography/nerve conduction velocity of the bilateral upper extremities on 03/27/2014, an MRI of the cervical spine, and oral medications. The progress report dated 01/05/2015 indicates that the injured worker continued to experience neck stiffness with some radiating pain down the arm. She also complained of ongoing elbow tenderness and spasms. The injured worker rated the pain 7 out of 10. The objective findings were partially illegible. The findings included positive Spurling's and decreased sensation. The treating physician requested bilateral elbow shockwave therapy based on the injured worker continuing to experience bilateral elbow symptoms, positive orthopedic findings on clinical examination, and recommendation by the specialist. On 01/29/2015, Utilization Review (UR) denied the request for bilateral elbow shockwave therapy, noting that there was no provided rationale for the use of this treatment, and the injured worker had recently been certified for a pain management consultation, which should have been completed prior to ongoing conservative treatment. The ACOEM Guidelines and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral elbow shockwave therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow Complaints; Extracorporeal Shockwave Therapy Page(s): 29.

Decision rationale: According to MTUS guidelines, several studies evaluated the efficacy of “Extracorporeal Shockwave Therapy” for the treatment of lateral epicondylitis (LE). These studies did not demonstrate its benefit for the management LE. There are no studies supporting its use for neck, shoulder and wrist pain. “Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder”. There is no documentation of shoulder tendinitis in this case and there is no justification for the use of this procedure for elbow pain. Therefore, the prescription of bilateral elbow Shockwave Therapy is not medically necessary.