

<b>Case Number:</b>	CM15-0034454		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44-year-old female, who sustained an industrial injury on 02/11/2014 (with other reported dates of 02/16/2014-02/18/2014). The initial complaints or symptoms included injury to the head with a laceration, profuse bleeding and dizziness followed by complaints of headaches, dizziness, ear pain, jaw pain, neck and upper back pain, left elbow pain, right thigh pain and left thigh pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, and conservative therapies. Currently, the injured worker complains of continued left elbow pain with normal MRI findings. It was reported that the injured worker experienced good benefit from non-steroid anti-inflammatory medications, but experienced adverse side effects. The diagnoses include continued left elbow pain with normal MRI findings. The treatment plan consisted of request for 3 sessions of extracorporeal shockwave therapy to the left elbow (denied) and Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy (ESWT) left elbow x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 598. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Elbow Chapter, Extracorporeal shockwave therapy (ESWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Elbow chapter, Extracorporeal shockwave therapy (ESWT).

**Decision rationale:** The patient presents on 01/08/15 with unrated left medial elbow pain. The patient's date of injury is 02/11/14. Patient has no documented surgical history directed at this complaint. The request is for EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) LEFT ELBOW X 3. The RFA was not provided. Physical examination dated 01/08/15 reveals an extraordinarily high pain to light touch of the left elbow, and anticipatory behavior associated with palpation of the left upper extremity. The provider notes a normal range of motion, and a lack of swelling masses or other stigmata. The patient is currently prescribed Percocet. Diagnostic imaging included MRI of the left elbow dated 11/05/14, no significant findings are documented and the impression is "Normal MRI of the elbow." Patient's current work status is not provided. ODG Elbow chapter, under Extracorporeal shockwave therapy (ESWT) has the following: "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. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): If the decision is made to use this treatment despite the lack of convincing evidence. (1) Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment. (2) At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). (3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. (4) Maximum of 3 therapy sessions over 3 weeks." In regard to the requested extracorporeal shockwave therapy, the patient has not satisfied guideline criteria. Progress notes provided for review establish that this patient has experienced elbow pain for greater than 6 months, and does not present with any factors which would contraindicate the procedure. The request specifies a number of sessions consistent with guidelines, though it does not indicate whether this is to be high-energy or low-energy. Guidelines do not support high-energy ESWT. Additionally, the documentation and physical examinations do not include a formal diagnosis of epicondylitis, or describe positive findings of epicondylar or lateral elbow pain. Owing to a lack of physical findings suggestive of epicondylitis, a formal diagnosis of epicondylitis, and an unspecified power level, the request as written cannot be substantiated. The request IS NOT medically necessary.