

Case Number:	CM15-0051582		
Date Assigned:	03/25/2015	Date of Injury:	11/30/2012
Decision Date:	10/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 31 year old female, who sustained an industrial injury on 11-30-2012. She reported pain in the right shoulder, right elbow, right wrist and right hip from overuse. The diagnoses included right shoulder strain-strain, impingement syndrome, rotator cuff tear, right elbow epicondylitis, right wrist strain-sprain, and right hip sprain-strain. Treatment to date has included medication therapy, physical therapy, manipulating therapy, and injections and shockwave therapy. Currently, she complains of right shoulder, elbow, and hip pain associated with numbness in the wrist and hand. On 1-27-15, the physical examination documented tenderness throughout the right upper extremity and the right hip. There was documentation indicating decreased shoulder pain from the shockwave therapy that was received. The plan of care included a request to authorize four (4) extracorporeal shockwave therapy sessions for the right elbow, once a week for four weeks between 3-5-15 and 4-19-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Extracorporeal shockwave therapy for the right elbow once a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.█.com/cpb/medical/data/600_699/0649.html.

Decision rationale: Pursuant to the █ Clinical Policy Bulletin, #4 extracorporeal shock wave therapy to the right elbow one time per week times four weeks is not medically necessary. █ considers extracorporeal shock-wave therapy (ESWT) medically necessary for calcific tendinopathy of the shoulder of at least 6 months" duration with calcium deposit of 1 cm or greater, and who have failed to respond to appropriate conservative therapies (e.g., rest, ice application, and medications). █ considers extracorporeal shock-wave therapy (ESWT), extracorporeal pulse activation therapy (EPAT) (also known as extracorporeal acoustic wave therapy) experimental and investigational for the following indications (not an all-inclusive list) because there is insufficient evidence of effectiveness of ESWT for these indications in the medical literature: Achilles tendonitis (tendinopathy); Delayed unions; Erectile dysfunction; Lateral epicondylitis (tennis elbow); Low back pain; Medial epicondylitis (golfers elbow); Non-unions of fractures; Osteonecrosis of the femoral head; Patellar tendinopathy; Peyronie's disease-Rotator cuff tendonitis (shoulder pain); Stress fractures; Wound healing (including burn wounds); Other musculoskeletal indications (e.g., calcaneal spur, Hammer toe, tenosynovitis of the foot or ankle, and tibialis tendinitis). In this case, the injured worker's working diagnoses are right shoulder tendinitis; right shoulder impingement syndrome; right shoulder rotator cuff tear; right elbow lateral epicondylitis; right wrist chronic overuse syndrome; and right hip sprain strain. Date of injury is November 30, 2012. Request for authorization is March 2, 2015. According to a January 27, 2015 progress note, subjectively the injured worker has ongoing right shoulder and arm pain and right elbow and forearm pain. The injured worker received extracorporeal shock wave therapy to the shoulder in the past and would like to receive extracorporeal shock wave therapy to the elbow. Extracorporeal shock wave therapy is not clinically indicated for medial or lateral epicondylitis. There is no clinical indication or rationale for extracorporeal shock wave therapy to the elbow. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for extracorporeal shock wave therapy to the elbow and guideline non-recommendations for extracorporeal shock wave therapy to the elbow, #4 extracorporeal shock wave therapy to the right elbow one time per week times four weeks is not medically necessary.