

Case Number:	CM15-0064757		
Date Assigned:	04/13/2015	Date of Injury:	02/13/2012
Decision Date:	05/15/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 61-year-old female, who sustained an industrial injury on 2/13/2012. The mechanism of injury was not provided for review. The injured worker was diagnosed as having elbow strain and lumbar disc disease. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, physical therapy, chiropractic care and medication management. In progress notes dated 1/13/2015 and 2/25/2015, the injured worker complains of pain in the neck, lower back, shoulders, wrists, hips, knees and ankles. The treating physician is requesting 3 extracorporeal shockwave therapy sessions to the 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, once weekly for three weeks: 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), as well as the Journal of Orthopaedic Research, volume 20, issue 5, pages 895 - 898, September 2002.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter.

Decision rationale: According to the CA MTUS ACOEM guidelines, despite improvement in pain scores and pain-free maximum grip strength within groups, there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with forearm-stretching program and treating with forearm-stretching program alone, with respect to resolving pain within an 8-week period of commencing treatment. Thus, there is a recommendation against using extracorporeal shockwave therapy [Evidence (A), Strongly Recommended Against]. According to the Official Disability Guideline's elbow chapter, Extra corporeal shockwave therapy (ESWT) is not recommended. The Official Disability Guidelines note 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. Given that this treatment modality is currently not supported per evidence based guidelines, the request for extracorporeal shock wave therapy cannot be supported. The request for Extra corporeal shockwave therapy, once weekly for three weeks is therefore not medically necessary and appropriate.