

Case Number:	CM15-0072496		
Date Assigned:	04/22/2015	Date of Injury:	03/03/2011
Decision Date:	05/20/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old female, who sustained an industrial injury on 3/3/2011. She reported left ankle pain, right wrist, and left forearm and wrist pain. The injured worker was diagnosed as having right elbow lateral epicondylitis. Treatment to date has included medications, and modified duty. The request is for extracorporeal shockwave treatment of the right elbow. On 3/2/2015, she complained of right elbow and wrist pain. The treatment plan included: modified work duty, shock wave therapy, home exercises, and bracing. The records indicate she had reached maximum medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of ESWT (extracorporeal shockwave) treatment right elbow low energy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Extracorporeal shockwave therapy (ESWT).

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for right elbow pain with a diagnosis of lateral epicondylitis. When seen, she was having ongoing right elbow, forearm, and wrist pain and left ankle pain. Physical examination findings included medial and lateral epicondyle tenderness with positive Cozen test. Research trials of extracorporeal shockwave therapy (ESWT) have yielded conflicting results and its value, if any, can presently be neither confirmed nor excluded. Criteria for its use include patients whose pain has remained despite six months of at least three conservative treatments including rest, ice, nonsteroidal anti-inflammatory medication, orthotics, physical therapy, and injections. A maximum of 3 therapy sessions over 3 weeks can be recommended. In this case, the number of treatments being requested is in excess of the guideline recommendation and therefore not medically necessary.