

Case Number:	CM15-0076507		
Date Assigned:	04/28/2015	Date of Injury:	11/24/2014
Decision Date:	05/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/21/2015

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: North Carolina

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:

This 57 year old male sustained an industrial injury to the left elbow, left shoulder and left knee via cumulative trauma from 11/24/13 to 11/24/14. Previous treatment included magnetic resonance imaging, physical therapy, injections, elbow strap and medications. In a PR-2 dated 4/8/15, the injured worker complained of left shoulder, elbow and knee pain. Physical exam was remarkable for moderate tenderness to palpation over the lateral epicondyle without joint effusion or crepitus, full painless active and passive range of motion, normal biceps and triceps strength and tone, positive middle finger extension test, Cozen test and lateral compression test. Current diagnoses included lateral epicondylitis of the elbow and rotator cuff sprain/strain. The treatment plan included extracorporeal shock wave treatment to the left elbow, magnetic resonance imaging left shoulder and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave treatment to the left elbow Qty: 3: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Elbow Chapter (last updated 02/27/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, shockwave therapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy 2. Three conservative therapies prior to ESWT have been tried prior 3. No contraindications to therapy 4. Maximum of 3 therapy sessions over 3 weeks. The patient has had pain for greater than 6 months and has failed at least 3 conservative therapy options. The request meets criteria and therefore is medically necessary.