

<b>Case Number:</b>	CM15-0079200		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	01/06/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 38 year old female, who sustained an industrial injury on 01/06/2013. On provider visit dated 11/07/2014 the injured worker has reported left shoulder pain and right knee pain. On examination of the left elbow revealed increased pain. The diagnoses have included left shoulder tendinitis, left elbow medial/lateral epicondylitis, left carpal tunnel syndrome and status post left knee surgery. Treatment to date has included medication. The provider requested extracorporeal shockwave therapy left elbow for 3 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy left elbow for 3 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**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 two years status post work-related injury continues to be treated for chronic left elbow pain. When seen, anti-inflammatory medication was discontinued due to gastritis. Prior treatments had also included physical therapy and injections. Authorization for shockwave therapy treatments was requested. 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, non-steroidal anti-inflammatory medication, orthotics, physical therapy, and injections. A maximum of 3 therapy sessions over 3 weeks can be recommended. In this case, the claimant has chronic epicondylitis and has failed conservative treatments. The requested number of sessions is within the accepted guideline recommendation and medically necessary. Elbow (Acute & Chronic), Extracorporeal shockwave therapy (ESWT)The claimant is more than two years status post work-related injury continues to be treated for chronic left elbow pain. When seen, anti-inflammatory medication was discontinued due to gastritis. Prior treatments had also included physical therapy and injections. Authorization for shockwave therapy treatments was requested. 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, non-steroidal anti-inflammatory medication, orthotics, physical therapy, and injections. A maximum of 3 therapy sessions over 3 weeks can be recommended. In this case, the claimant has chronic epicondylitis and has failed conservative treatments. The requested number of sessions is within the accepted guideline recommendation and is medically necessary.