

Case Number:	CM15-0098516		
Date Assigned:	05/29/2015	Date of Injury:	12/19/2001
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 12/19/2001. She has reported subsequent right elbow pain and was diagnosed with right lateral epicondylitis status post continuous trauma. Treatment to date has included activity restriction and home cryotherapy. The only medical documentation submitted is a progress note dated 10/13/2014. During this visit, the injured worker complained of continued right elbow pain that was rated as 7/10. Objective findings were notable for moderate lateral epicondyle origin and lateral collateral ligament tenderness. A request for authorization of electric shockwave therapy and ultrasound of the left elbow was submitted. There was no medical documentation submitted that pertains to the current treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric shockwave therapy 3 treatments to the left elbow: 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), Elbow, Extracorporeal shockwave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Elbow chapter, under Extracorporeal shockwave therapy (ESWT).

Decision rationale: The patient was injured on 12/19/01 and presents with right elbow pain. The request is for an electric shockwave therapy 3 treatments to the left elbow. There is no RFA provided and the patient "is to remain on disability status." There is one progress report provided from 10/13/14. The report with the request is not provided. ODG Elbow chapter, under Extracorporeal shockwave therapy (ESWT) has the following: "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. The value, if any, of ESWT for lateral elbow pain, can presently be neither confirmed nor excluded. After other treatments have failed, some providers believe that shock-wave therapy may help some people with heel pain and tennis elbow. However, recent studies do not always support this, and ESWT cannot be recommended at this time for epicondylitis, although it has very few side effects. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): If the decision is made to use this treatment despite the lack of convincing evidence. (1) Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment. (2) At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). (3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. (4) Maximum of 3 therapy sessions over 3 weeks." The reason for the request is not provided. The patient is diagnosed with right lateral epicondylitis status post continuous trauma. The patient presents with right elbow pain and there are no subjective/objective findings regarding the left elbow. In regard to extracorporeal shockwave therapy for the left elbow, the patient has not satisfied guideline criteria and the requesting provider has not specified an appropriate power level. The request specifies a number of sessions consistent with guidelines, though it does not indicate whether this is to be high-energy or low-energy. Guidelines do not support high-energy ESWT. Additionally, the documentation and physical examinations do not include a formal diagnosis of epicondylitis, or describe positive findings of epicondylar or lateral left elbow pain. Owing to a lack of physical findings suggestive of epicondylitis, a formal diagnosis of epicondylitis, and an unspecified power level, the request as written cannot be substantiated. The request IS NOT medically necessary.

Ultrasound of the left elbow: 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), Elbow, Ultrasound, Diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand Acute & Chronic chapter, Ultrasound.

Decision rationale: The patient was injured on 12/19/01 and presents with right elbow pain. The request is for an ultrasound of the left elbow. There is no RFA provided and the patient "is to remain on disability status." There is one progress report provided from 10/13/14. The report with the request is not provided. As per ODG guidelines, chapter Forearm, Wrist, & Hand Acute & Chronic and topic Ultrasound diagnostic, states that "Recommended. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. The ulnar nerve is also easily visualized." Regarding Ultrasound 'Therapeutic', the guidelines state "Not recommended. In a Cochrane Database review, there was only weak evidence of a short-term benefit of therapeutic ultrasound for distal radial fractures, arthritic hands, there is no significant benefit from therapeutic ultrasound for all the outcomes measured after 1, 2 or 3 weeks of treatment. In this RCT, adding ultrasound therapy to splinting was not superior to splinting alone." The reason for the request is not provided. The patient is diagnosed with right lateral epicondylitis status post continuous trauma. The patient presents with right elbow pain and there are no subjective/objective findings regarding the left elbow. In this case, ODG guidelines states that ultrasound procedure is not recommended for therapeutic purposes but it can help detect tendon injuries accurately. The patient suffers from pain in the right elbow; however, the request is for the left elbow and the treating physician does not elaborate on the purpose of the ultrasound. The medical file lacks the documentation required to make a determination. Therefore, the request IS NOT medically necessary.