

Case Number:	CM14-0006429		
Date Assigned:	02/07/2014	Date of Injury:	10/18/2012
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old female who reported an injury on 10/18/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained injury to the bilateral wrists and hands. The injured worker's treatment history included medications, bracing, physical therapy, acupuncture, and a home exercise program, and shockwave treatment. The injured worker was evaluated on 08/15/2013. It was documented that the injured worker had lateral elbow pain secondary to epicondylitis, a positive compression, and restricted range of motion. The injured worker's diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain, lumbosacral spine sprain/strain, bilaterally medial and lateral epicondylitis, and bilateral carpal tunnel syndrome. The injured worker's treatment plan included activity modifications, a home exercise program, and shockwave therapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX LOW ENERGY EXTRACORPOREAL SHOCKWAVE TREATMENTS (THREE PER DIAGNOSIS-ONE TREATMENT EVERY TWO WEEKS): Upheld

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, Extracorporeal shockwave therapy (ESWT).

Decision rationale: The requested 6 low energy extracorporeal shockwave treatments, 3 per diagnosis, 1 treatment every 2 weeks, are not medically necessary or appropriate. The Official Disability Guidelines do not support the use of this type of therapy as it is not supported by scientific evidence for long-term efficacy. The Official Disability Guidelines also note that injured workers with bilateral pain are not candidates for this type of intervention. As such, the requested 6 low energy extracorporeal shockwave treatments, 3 per diagnosis, 1 treatment every 2 weeks, are not medically necessary or appropriate.