

Case Number:	CM14-0136430		
Date Assigned:	09/03/2014	Date of Injury:	01/12/2014
Decision Date:	11/10/2015	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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: 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 injured worker is a 56 year old male who reported an industrial injury on 1-12-2014. His diagnoses, and or impressions, were noted to include: bilateral shoulder peri-scapular strain with impingement on the right; and bilateral elbow lateral epicondylitis with forearm strain and cubital tunnel syndrome. No current imaging studies were noted. His treatments were noted to include: a home exercise program; shockwave therapy - right elbow; diagnostic ultrasound - right elbow; medication management; and a return to regular work duties. The progress notes of 7-16-2014 reported ongoing, bilateral shoulder pain with loss of motion. The objective findings were noted to include: moderate obesity; tenderness over the bilateral shoulder acromioclavicular joints and peri-scapular regions, right > left, with positive right impingement test, and decreased right range-of-motion; and tenderness over the bilateral elbow lateral epicondyles, with positive bilateral Cozens, Tinel's and bent elbow tests, which elicited numbness and tingling down the forearms to the hands. The physician's requests for treatment were noted to include an additional short course of chiropractic treatment at a frequency of 2 x a week for 3 weeks, to focus on increasing range-of-motion and function, as the previous session helped her with increased motion and function. The Request for Authorization, dated 7-16-2015, was noted for chiropractic treatment at a frequency of 2 x a week for 3 weeks, directed to the right elbow and bilateral shoulders; and shockwave therapy to the right elbow. The Utilization Review of 8-1- 2015 non-certified the request for 6 chiropractic treatments to the right elbow and bilateral shoulders, and 3 shock-wave therapy sessions for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments directed to right elbow and bilateral shoulders QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of chiropractic treatments. In general, when chiropractic therapy is recommended there should be an initial trial to assess the efficacy of the treatment sessions. For example, for low back conditions the MTUS guidelines state there should be a trial of 6 visits over 2 weeks. Continued treatment is dependent on the documented outcomes of these sessions. In this case, the records indicate that the patient has undergone prior chiropractic treatments to the elbow and shoulders. There is no evidence in the medical records that the outcome of these treatment sessions resulted in objective improvement in function or pain control. Further, the MTUS guidelines do not support treatment to the elbow. For these reasons, 6 chiropractic treatments to the right elbow and bilateral shoulders is not medically necessary.

Shockwave therapy sessions for the right elbow QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, Summary.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of shockwave therapy sessions for the treatment of elbow conditions including epicondylitis. Overall, these guidelines provide a strong recommendation against shockwave therapy. The rationale for this recommendation is as follows: In assessing the research literature, one of the high-quality studies evaluated 60 subjects with symptoms for less than 1 year and more than 3 weeks, treating them with either active extracorporeal shockwave therapy (ESWT) with a simple stretching program (n = 31) or sham ESWT with a simple stretching program (n = 29). The authors concluded that "despite improvement in pain scores and pain-free maximum grip strength within groups, there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with forearm-stretching program and treating with forearm-stretching program alone, with respect to resolving pain within an 8-week period of commencing treatment." The second high-quality study evaluated 272 patients with at least 6 months of conservative treatment (135 received ESWT and 137 received placebo ESWT) and found that ESWT as "applied in the present study was ineffective in the treatment of lateral epicondylitis." One of the meta-analyses reviewed two studies, concluding "no added benefit of ESWT over that of placebo in the treatment of LE [lateral epicondylitis]." The other review analyzed nine studies (the studies reviewed above) and

concluded that "when data were pooled, most benefits were not statistically significant. No difference for participants early or late in the course of condition." Quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy [Evidence (A), Strongly Recommended Against]. In summary, there is no evidence from these MTUS guidelines to support shockwave therapy. It is not medically necessary.