



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: May 1, 2007

IRO Case #:

**Description of the services in dispute:**

Denied for medical necessity. Items in dispute: #0019T – Extracorporeal shock wave therapy.

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician who provided this review is board certified by the Orthopaedic Surgery in Orthopaedic Surgery with a subspecialty of Surgery of the Hand. This reviewer is a fellow of the of Orthopaedic Surgeons. This reviewer is a member of the Surgery of the Hand. This reviewer has been in active practice since 1990.

**Review Outcome**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**Information provided to the IRO for review**

FROM THE STATE OF TEXAS:

Form for requesting a review by an Independent Review Organization 4/12/07 – 8 pages

Letter from 3/1/07 – 2 pages

Letter from 8/18/06 – 2 pages

Request form for IRO 4/11/07 – 2 pages

Letter from 3/1/07 – 2 pages

Determination of denial – 1 page

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FROM THE PAYOR:

Position Statement from 4/16/07 – 2 pages  
Evaluation notes 7/13/06 – 2 pages  
MRI – right elbow report 7/25/06 – 1 page  
Evaluation notes 8/3/06 – 2 pages  
Evaluation notes 8/10/06 – 2 pages  
Request for services 8/15/06 – 1 page  
Physician advisor report – 2 pages  
Initial review report 8/18/06 – 2 pages  
Letter from 8/18/06 – 2 pages  
Evaluation notes 8/31/06 – 2 pages  
Evaluation notes 11/30/06 – 2 pages  
Evaluation notes 2/1/07 – 3 pages  
Evaluation notes 2/15/07 – 2 pages  
Request for services 2/26/07 – 1 page  
Peer review report 3/1/07 – 2 pages  
Letter from 3/1/07 – 2 pages

**Patient clinical history [summary]**

The patient is a male who slipped on oil at work and fell, landing on his buttocks, hitting his right elbow on equipment. The patient complained of persistent pain over the elbow with tenderness at the insertion of the extensors on the lateral epicondyle. He underwent repeat steroid injections, the last being on 2/15/07 with some subjective improvement. ESWT has been requested repeatedly by Dr. and denied as not medically necessary. Dr. has indicated that the Journal of Bone and Joint Surgery has an article showing the effectiveness of this therapeutic modality in up to 75% of cases. Also, the patient desires to utilize this method over surgery.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

Extracorporeal shock wave therapy is not medically necessary. Dr. has advocated the use of ESWT in a patient with lateral epicondylitis refractory to conventional treatment, and apparently the patient has excluded a surgical option. Dr. bases his recommendation on an article in the Journal of Bone and Joint Surgery (JBJS) showing its usefulness in up to 75% of cases. After locating and reviewing the abstract from this article (1), it appears that Dr. has misread the results and conclusions of this article, which are as follows:

Results: The primary end point could be assessed for 90.8% of the patients. The success rate was 25.8% in the group treated with extracorporeal shock wave therapy and 25.4% in the placebo group, a difference of 0.4% with a 95% confidence interval of -10.5% to 11.3%. Similarly, there was no relevant difference between groups with regard to the secondary end points. Improvement was observed in two-thirds of the patients from both groups 12 months after the intervention. Few side effects were reported.

Conclusions: Extracorporeal shock wave therapy, as applied in the present study, was ineffective in the treatment of lateral epicondylitis. The previously reported success of this therapy appears to be attributable to inappropriate study designs. Different application protocols might improve clinical outcome. We recommend that extracorporeal shock wave therapy be applied only in high-quality clinical trials until it is proved to be effective.

In addition, review of other literature sources (3,4) show mixed results for ESWT for treatment of lateral epicondylitis or no differences from sham therapy. Therefore, the use of ESWT has not shown to be medically necessary in the treatment of lateral epicondylitis.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

M. Haake, I. R. König, T. Decker, C. Riedel, M. Buch, H.-H. Müller, M. Vogel, V. Auersperg, O. Maier-Boerries, A. Betthäuser, J. Fischer, M. Loew, I. Müller, H. C. Rehak, L. Gerdesmeyer, M. Maier, and W. Kanovsky Extracorporeal Shock Wave Therapy in the Treatment of Lateral Epicondylitis: A Randomized Multicenter Trial J. Bone Joint Surg. Am., Nov 2002; 84: 1982 - 1991.

American Academy of Orthopedic Surgery (on-line) 2007 Podium Presentation, Dr. John Furia, High energy extracorporeal shock wave therapy as a treatment for insertional achilles tendinopathy.

Issues in Emerging Health Technology, 2007Jan;(96(part2)): 1-4 Extracorporeal Shock Wave Treatment for chronic lateral epicondylitis.

Journal of Orthopedic Research, 2002 Sep;20(5): 895-8 Extracorporeal Shock Wave Therapy for lateral epicondylitis--a double blind randomized controlled trial.

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