

Case Number:	CM13-0020808		
Date Assigned:	10/11/2013	Date of Injury:	12/16/2009
Decision Date:	01/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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 had a date of industrial injury of December 16, 2009. The injured worker has had continuous traumatic injury to the right knee, right hand, neck, back, and low back. The diagnoses include cervical and lumbar sprain and strain. There is also type I CRPS noted. In terms of treatment history, the patient has undergone anterior cruciate ligament reconstruction with partial medial and lateral meniscectomy and chondroplasty. The patient underwent postoperative physical therapy following this. The patient has had right lumbar sympathetic injection, which was documented to help for one week. The disputed issue is a request for shockwave therapy for the cervical and lumbar spine. This is requested by [REDACTED] in a note dated July 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shockwave therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: ACOEM Guidelines recommend against Shockwave Therapy for elbow epicondylitis. Furthermore, there have been no positive randomized controlled trials to support

extracorporeal shockwave therapy for application in the cervical or lumbar spine. Given this lack of evidence, this request is recommended for noncertification.