

Case Number:	CM13-0021555		
Date Assigned:	11/13/2013	Date of Injury:	02/08/2012
Decision Date:	01/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/09/2013

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 Texas. 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 patient is a 54 year old female who reported an injury on 2/08/2012. According to the clinical documentation dated 06/10/2013, the patient fell down several stairs landing on her hands and knees. The patient complained of pain to her constant pain to her left shoulder, left knee, neck and low back and intermittent pain to her right knee. The clinical documentation dated 10/16/2013 noted the patient continued to complain of pain to the neck, left shoulder, low back and left knee. The patient had been diagnosed with cervical IVD displacement without myelopathy, C6 radiculopathy, severe bursitis of the left shoulder, internal derangement of the right knee and status post arthroscopic left knee repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy (ESWT) for the bilateral knees (3 sessions): 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), Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Shock wave therapy.

Decision rationale: CA MTUS/ACOEM does not address the request for extracorporeal shockwave therapy for the knee. Official Disability Guidelines suggest that (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. The clinical documentation submitted does not support this request. Although the patient had some documented decrease in range of motion and subsequently received arthroscopic surgery to the left knee, no clinical documentation submitted suggest that the patient has had any complaints of the right knee. As such, this request is non-certified. The request for the ESWT of the knees is not medically necessary and appropriate.

ESWT for the left wrist (3 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow, Shock Wave Therapy

Decision rationale: CA MTUS/ACOEM does not address the request for extracorporeal shockwave therapy for the wrist. Official Disability Guidelines do not address ESWT for the wrist but do address it for the elbow which is not recommended. There is no clear indication in the clinical submitted that the patient failed other conservative treatment to necessitate extracorporeal shock wave therapy. As such, the request is non-certified. The request for ESWT of the left wrist is not medically necessary and appropriate.

ESWT for the lumbar spine (6 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow, Shock Wave Therapy.

Decision rationale: CA MTUS/ACOEM does not address the request for extracorporeal shockwave therapy for the low back. ODG does not address extracorporeal shockwave therapy for the low back; however, it does address it in the elbow chapter and it is not a recommended treatment. As the clinical documentation states, the patient has chronic pain to the low back and guidelines has no available evidence to show that ESWT is effective in treating low back pain. As such, this form of treatment is not justified. Therefore, this request is non-certified. The request for ESWT for the lumbar spine is not medically necessary and appropriate.