

Case Number:	CM13-0027187		
Date Assigned:	11/22/2013	Date of Injury:	10/31/2012
Decision Date:	01/27/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/20/2013

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 Neurology, has a subspecialty in Neuromuscular 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.

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 developed neck pain 6/10, radiating to bilateral shoulders and mid back. He also developed right knee pain. The patient sustained an injury on October 31 2012. His physical examination showed positive Jackson's bilaterally, positive Romberg's and restricted range of motion, positive Tinel's sign in the wrists, and restricted motion in the right knee. He was diagnosed with cervical spine hyperextension injury and thoracic myofasciitis. The provider requested extracorporeal shockwave for the knee and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of extracorporeal shockwave for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Knee and Amp; Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: According to ACOEM guidelines, limited evidence support the efficacy of extracorporeal shockwave therapy for the treatment of pain from plantar fasciitis and epicondylitis. Furthermore there is no studies supporting the use of shockwave for the treatment of neck pain. Therefore extracorporeal shock wave is not medically necessary to treat the neck pain.

Three sessions of extracorporeal shockwave for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Knee and Amp; Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: According to MTUS guidelines, limited evidence support the efficacy of extracorporeal shockwave therapy for the treatment of pain from plantar fasciitis and epicondylitis. Furthermore there is no studies supporting the use of shockwave for the treatment of knee pain. Therefore extracorporeal shock wave is not medically necessary to treat the knee pain.