

Case Number:	CM13-0032928		
Date Assigned:	12/06/2013	Date of Injury:	01/11/2013
Decision Date:	03/04/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Acupuncture and 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

50y/o female injured worker with date of injury 1/11/13 with related right knee pain. She was diagnosed with lumbar spine herniated nucleus pulposus; right knee internal derangement; left ankle myoligamentous injury; secondary stress, anxiety and depression; secondary sleep deprivation. She indicates that she continues to suffer from lumbar spine pain and is frustrated because treatments for LBP have been denied as her lumbar spine is not an accepted body part. MRI of the right knee revealed evidence of prepatellar bursal inflammatory changes as well as mild intraarticular inflammatory changes and intermeniscal degenerative changes. Per 11/12/13 progress report, the injured worker had completed two sessions of extracorporeal shockwave therapy, which had shown functional improvement of decreased pain and increased range of motion. The date of UR decision was 9/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy to Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Extracorporeal shock wave therapy

Decision rationale: The MTUS is silent on the use of extracorporeal shockwave therapy (ESWT) on the knee. With regard to ESWT, the ODG states "Under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. (Wang, 2007) New research suggests that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic nonunions. However, the findings need to be verified, and different treatment protocols as well as treatment parameters should be investigated, including the number of shock waves used, the energy levels applied and the frequency of application. (Cacchio, 2009) New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (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. (Zwerver, 2010)" Per 8/23/13 report she was found to have patellar tendinitis with probably an element of chondromalacia patella. While the ODG suggests that ESWT is ineffective for treating patellar tendinopathy, the injured worker has already undergone two treatments and has experienced functional improvement in decreased pain and increased range of motion. The rationale of the UR physician was concerned with PT in general, upon review of ESWT specifically, the ODG does not contain criteria for the continuation of this treatment as it is already ongoing. As it is effective for the injured worker, the request is medically necessary.