MAXIMUS Federal Services

Case Number:	CM13-0034103		
Date Assigned:	02/20/2014	Date of Injury:	12/12/2012
Decision Date:	04/22/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/11/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 31-year-old male with a date of injury of 12/12/2012. The listed diagnoses are: (1) Rule out carpal tunnel syndrome, (2) Bilateral knee sprain/strain, (3) Bilateral knee derangement. According to report dated 08/01/2013, the patient complains of constant right knee pain. The pain level is noted as 7/10. Physical therapy and acupuncture had no beneficial effects. Examination findings include bilateral wrist and knee range of motion are both normal, bilateral knee shows mild tenderness and pop/click. Treater is requesting authorization for patient to undergo extracorporeal shockwave lithotripsy therapy. Treater states, "The sound waves promoted during ESWTs stimulate healing for many physical disorders including chronic pain and myofascial pain syndrome of the bilateral wrist and knees."

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT (EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY THERAPY): 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 235. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

Decision rationale: This patient presents with complaints of knee and wrist pain. The treater is requesting is extracorporeal shockwave lithotripsy therapy. The ACOEM Guidelines page 235 states the following regarding ESWT, "Published randomized clinical trials are needed to provide better evidence for the use of many physical therapy modalities that are commonly employed. Some therapists use a variety of procedures. Conclusions regarding their effectiveness may be based on anecdotal reports or case studies. Included among these modalities is extracorporeal shockwave therapy (ESWT)." The ODG Guidelines has the following regarding ESWT, "not recommended using high energy ESWT." The ODG regarding ESWT specifically for the knee/leg states, "under study for patellar tendinopathy and for long bone hypertrophic nonunions." In this case, ACOEM and ODG Guidelines do not support the use of ESWT for knee conditions. It is considered anecdotal and is still considered under study. Recommendation is for denial.