

Case Number:	CM13-0037136		
Date Assigned:	12/13/2013	Date of Injury:	01/06/2013
Decision Date:	02/11/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/23/2013

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 Chiropractor 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 36 year old female who sustained an injury to her right knee, hip, neck, upper back, and shoulder after slipping and falling on a wet floor. She was treated with medications, physical therapy and in-home exercises. An MRI study of the right knee conducted on 8/23/13 found that all osteous and ligamentous structures were unremarkable and all findings were within normal limits. The patient was also provided a comprehensive psychological evaluation. The request is for 3 sessions of shock wave therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy x 3 to the 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 , Shock Wave Therapy

Decision rationale: The patient suffers from injuries sustained to multiple body parts as a result of a fall. In this instance shock wave therapy is being requested to the right knee. MTUS-Definitions' page 1 defines functional improvement as a "clinically significant improvement in

activities of daily living or a reduction in work restrictions as measured during the history and physical exam." The records provided lack documentation of objective functional improvements to be present. The ODG knee section states that shock wave therapy is "under study for tendinopathy and for hypertrophic long bone non-unions. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shock wave 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 is a viable alternative to surgery for long bone hypertrophic nonunion. 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 shock wave therapy is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retaining, joint mobilization, and patellar taping.(Zwerver, 2010). MTUS-Definitions' page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam.." The records provided lack documentation of objective functional improvements to be present. No treatment has been rendered to the knee per the records provided. I find the requested 3 sessions of shock wave therapy to the knee to not be medically necessary.