

<b>Case Number:</b>	CM13-0041303		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 Occupational Medicine, and is licensed to practice Hawaii, Iowa, and Illinois. 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 51 year old male claimant with a date of injury of 8/24/2011. The earliest physician's report that was attached is dated 11/21/11 for an Magnetic resonance imaging (MRI) to the left knee. The patient was diagnosed with a radial and incomplete horizontal tear to the posterior horn of the medial meniscus. The patient was a correctional officer and at the time of injury was taken down by an inmate injuring both knees. Most recent progress notes also endorse bilateral shoulders and wrist pain and tenderness and chronic sprain/strain of the cervicothoracic spine. The claimant has been treated with Actos, Benazepril, Simvastatin, Metformin, NovoLog, Levemir, Methocarbamol and Glucosamine/Chondroitin. On November 7, 2013, [REDACTED] indicated that from the standpoint of Internal Medicine, the patient can perform his customary occupation. [REDACTED] indicated that the patient is permanent and stationary and has reached the maximum level of improvement. The treating physician, [REDACTED] did not provide any physical therapy notes, evidence of calcifying tendonitis of the shoulder, range of motion documentation with degrees, no specific indications for the functional capacity evaluation or evidence of multi modal physical therapy. A utilization review decision was rendered on September 26, 2013 indicating that the following requests made by [REDACTED] were not certified: functional capacity exam, electroshockwave for both shoulders, wrists and knees; electroshockwave for both shoulders; orthopedic consultation for both knees and range of motion study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric shockwave for both shoulders, wrists, and knees quantity one:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, pg.125 and Official Disability Guidelines (ODG) and the Medical Treatment Guideline or Medical Evidence: pub med search ESWT and wrist

**Decision rationale:** The injured worker has chronic knee, shoulder, and wrist pain. The California Medical Treatment Utilization Schedule (MTUS) Physical Medicine guidelines recommend "the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes". The treating physician did not provide any physical therapy notes, evidence of calcifying tendonitis of the shoulder, or evidence of multi modal physical therapy. The Official Disability Guidelines (ODG) guidelines were consulted for extracorporeal shockwave therapy treatment. The Official Disability Guidelines (ODG) guidelines recommended shoulder extracorporeal shockwave therapy when: "1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment.2) At least three conservative treatments have been performed prior to use of extracorporeal shockwave therapy treatment (ESWT). These would include: a. Rest, b. Ice, c. Nonsteroidal anti-inflammatory drugs (NSAIDs), d. Orthotics, e. Physical Therapy, e. Injections (Cortisone)". Both California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG) were silent as to extracorporeal shockwave therapy treatment of the wrist. Based on the California Medical Treatment Utilization Schedule (MTUS) physical medicine guidelines and a search of pub med for extracorporeal shockwave therapy treatment (ESWT) treatment of wrist injuries no evidence based medicine exists to support treatment of the wrist with extracorporeal shockwave therapy treatment (ESWT). The Official Disability Guidelines (ODG) guidelines were consulted for extracorporeal shockwave therapy treatment (ESWT) treatment of the knee and state: "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)." Thus the request for electric shockwave for both shoulders, wrists, and knees quantity one is not medically necessary based on the California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG), and a pub med search.

**Functional capacity evaluation quantity one:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, (2009). .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 125.

**Decision rationale:** The injured worker has chronic knee, shoulder, and wrist pain. The original date of injury was 8/24/11. A functional capacity evaluation can be a valuable tool in clinical decision-making for the injured workers return to work but there are specific guidelines in the California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) guidelines for when an functional capacity evaluation should be done. The California Medical Treatment Utilization Schedule (MTUS) provides specific guidance when an functional capacity evaluation should be done. It is two years past the date of injury. California Medical Treatment Utilization Schedule (MTUS) states: "The worker must be no more than two years past date of injury. Workers that have not returned to work by two years post injury may not benefit." On November 7, 2013, [REDACTED] indicated that from the standpoint of Internal Medicine, the patient can perform his customary occupation. [REDACTED] indicated that the patient is permanent and stationary and has reached the maximum level of improvement. The treating physician has not provided a specific rationale as to why an functional capacity evaluation is needed at this time. Official Disability Guidelines (ODG) states: "It is important to provide as much detail as possible about the potential job to the assessor. Job specific functional capacity evaluations are more helpful than general assessments." The request for functional capacity evaluation quantity one is denied based on the criteria described in the California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) guidelines