

Case Number:	CM13-0050278		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2011
Decision Date:	04/04/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery 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:

This is a 57-year-old gentleman who sustained an injury to the right knee on 7/17/11. The clinical records for review included an MRI report of the right knee dated April 2013 that showed degenerative arthritis with osteophyte formation and diminished joint space. Recent clinical assessment dated 9/6/13 by [REDACTED] noted a previous arthroscopic procedure and examination showing an antalgic gait and positive Lachman and McMurray's testing as well as patellar apprehension. It was noted that conservative care had included post-operative physical therapy and activity restrictions. The recommendations at that time were for electrocorporeal shockwave therapy and protocol for the claimant's right knee. The claimant's working diagnosis was documented as status post right knee arthroscopy with persistent effusion, degenerative joint disease, as well as a secondary diagnosis of chronic low back pain with disc bulging status post laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for (ESWT) extracorporeal shock wave therapy of Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability

Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure
Extracorporeal shock wave therapy (ESWT)

Decision rationale: California MTUS Guidelines are silent. When looking at the Official Disability Guidelines criteria, electrocorporeal shockwave therapy is under study for treatment of patellar tendinopathy and for long bone hypertrophic nonunion. Formal recommendations in regard to shockwave therapy for the knee cannot be supported with the exception of those two diagnoses in the recalcitrant setting. The specific request for shockwave therapy for the claimant's current diagnosis of degenerative arthritis status post knee arthroscopy is not medically necessary based upon guidelines criteria.