MAXIMUS Federal Services

Case Number:	CM13-0051101		
Date Assigned:	12/27/2013	Date of Injury:	04/28/2013
Decision Date:	05/15/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 expert 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 64 year-old female sustained an injury on 4/28/13 while employed by [redacted]. Request under consideration include ortho shockwave bilateral knees 50590. Report of 4/29/13 noted patient presented complaining of bilateral knee and left elbow pain from a fall. Pain described at 7/10 scale, worse with movement. She denied head trauma or loss of consciousness. Co-morbid history includes hypertension, chronic headaches. Exam was benign. X-rays of the bilateral knees and left elbow were negative for fracture and dislocation. Diagnoses include elbow abrasion/sprain and knee contusion with treatment for ibuprofen and Vicodin. Report of 8/1/13 noted right knee identifying meniscus tear awaiting for surgery authorization. Patient has not worked since 4/28/13. Physical therapy was not helping. She continued on Vicodin and Naproxen. There was an unremarkable magnetic resonance imaging (MRI) of left elbow and Electromyography/ nerve conduction study of the upper extremity. Report of 9/6/13 from the provider noted bilateral knee pain after the fall rated at 6/10 scale. Exam showed bilateral knee crepitus, medial and lateral joint line tenderness with positive McMurray's. Diagnoses included bilateral knee DJD, internal derangement and tendinopathy. Plan included functional capacity evaluation. Request for Ortho Shockwave therapy to bilateral knees were non-certified on 9/23/13. There is a procedure note dated 10/31/13 for ESWT of the knees. Hand-written brief general surgeon report of 11/1/13 from the provider noted bilateral knee complaints. Exam only documented bilateral med/lat tenderness and positive McMurray. Diagnoses include Bilateral Knee DJD/ illegible. Treatment plan include acupuncture, topical compound creams, chiropractic care, pain management and orthopedic referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO SHOCKWAVE BILATERAL KNEES 50590: 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) KNEE AND LEG

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

Decision rationale: This 64 year-old female sustained an injury on 4/28/13 while employed by [redacted]. Request under consideration include ortho shockwave bilateral knees. Report of 4/29/13 noted patient presented complaining of bilateral knee and left elbow pain from a fall. Co-morbid history includes hypertension, chronic headaches. Exam was benign. X-rays of the bilateral knees and left elbow were negative for fracture and dislocation. Diagnoses include elbow abrasion/sprain and knee contusion with treatment for ibuprofen and Vicodin. Report of 9/6/13 from the provider noted bilateral knee pain after the fall rated at 6/10 scale. Exam showed bilateral knee crepitus, medial and lateral joint line tenderness with positive McMurray's. Final Determination Letter for IMR Case Number CM13-0051101 4 Diagnoses included bilateral knee DJD, internal derangement and tendinopathy. Request for Ortho Shockwave therapy to bilateral knees were non-certified on 9/23/13. There is a procedure note dated 10/31/13 for extracorporeal shockwave therapy (ESWT) of the knees. Hand-written brief general surgeon report of 11/1/13 from the provider noted bilateral knee complaints. There was no mention of any benefit or response from the procedure previously performed. American College of Occupational and Environmental Medicine (ACOEM) and Medical Treatment Utilization Schedule (MTUS) are silent on use of ESWT for the knee joint. Official Disability Guidelines (ODG) states ESWT to be under study for patellar tendinopathy and long-bone hypertrophic non-unions, indicating some viability with other data suggesting ineffective treatment compared to current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. There is no recommendation for the diagnoses pertaining to this patient including degenerative joint disease and meniscal tear. Submitted reports have not demonstrated specific indication, clinical findings, or diagnoses to support for extracorporeal shock wave therapy. Additionally, reports have not documented any functional improvement or pain relief from treatment already rendered. The ortho shockwave bilateral knees is not medically necessary and appropriate.