

Case Number:	CM13-0066297		
Date Assigned:	06/20/2014	Date of Injury:	12/13/2000
Decision Date:	08/04/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine 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:

Injured worker is a female with date of injury 12/13/2000. Per orthopedic surgeon, primary treating physician's progress report, dated 11/12/2013, the injured worker complains of aching pain in the low back and left knee. Her morbid obesity is going to interfere with her total knee recovery. She also has some non-industrial problems to her right foot and ankle. She is not attending any therapy at this time. She is presently not working. On examination of the lumbar spine, there is some paraspinous tenderness. The left knee has mildly limited flexion. The left knee has no effusion but crepitus is significant. Diagnoses include 1) left wrist and hand contusion 2) L3-L4 disc desiccation and disc bulges 3) status post left knee arthroscopy 4) status post chin laceration, scar and dyschromia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy to lumbar spine QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 10/09/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter , Shock Wave Therapy section.

Decision rationale: The MTUS Guidelines do not address the use of extracorporeal shock wave therapy to the lumbar spine. The ODG does not recommend the use of shock wave therapy as the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. The request for extracorporeal shock wave therapy to lumbar spine QTY: 1.00 is determined to not be medically necessary.