

Case Number:	CM13-0069225		
Date Assigned:	01/03/2014	Date of Injury:	01/13/2010
Decision Date:	05/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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 & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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:

The patient is a 23-year-old male who reported an injury on 01/13/2010, from a work related accident. The 11/05/2013 clinic note reported a complaint of left knee and low back pain rated at an 8/10 and mid/upper back pain rated at a 7/10 with radiation throughout his back and lower extremities bilaterally. The note stated the patient's pain was previously alleviated with acupuncture, shockwave, and injections. On examination, his lumbar range of motion was 40 degrees upon flexion, 15 degrees extension, and 25 degrees lateral bending bilaterally. He had tenderness to the left lumbar region, a positive straight leg raise and Kemp's test, tenderness to the patellar region, bilateral thoracic region, and spinous process at T4, T5, T6, T7, T8, T9, T10, T11, and T12 with hypertonicity. His range of motion to the knees was 150 degrees flexion on the right, 135 degrees flexion on the left, and 0 degrees extension bilaterally. He was recommended for extracorporeal shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE TREATMENT FOR MULTIPLE SCLEROSIS-NOT OTHERWISE SPECIFIED: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wang, Ching-Jen. "Extracorporeal shockwave therapy in musculoskeletal disorders." Journal of orthopaedic surgery and research 7.1 (2012): 1-8

Decision rationale: Per Wang, Ching-Jen (2012), "The application of extracorporeal shockwave therapy (ESWT) in musculoskeletal disorders has been around for more than a decade and is primarily used in the treatment of sports related over-use tendinopathies such as proximal plantar fasciitis of the heel, lateral epicondylitis of the elbow, calcific or non-calcific tendonitis of the shoulder and patellar tendinopathy etc." The documentation submitted did not provide evidence of tendinopathies or epicondylitis. Additionally, the request did not specify a body part for the treatment to be applied. Given the above, the request is non-certified.