

Case Number:	CM13-0071546		
Date Assigned:	01/08/2014	Date of Injury:	06/13/2011
Decision Date:	04/30/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/27/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The patient is a 42-year-old female who reported an injury on 06/13/2011 due to a slip and fall. The patient reportedly sustained an injury to her low back, right knee, and right ankle. The patient's treatment history included multiple medications, physical therapy, chiropractic care, and acupuncture. The patient's most recent clinical evaluation documented the patient had continued lumbar back pain radiating into the bilateral lower extremities rated at 6/10 to 10/10. Evaluation of the right knee documented the patient had mechanical symptoms with pain rated at 10/10. Evaluation of the right ankle documented that the patient had intermittent right ankle pain causing difficulty to stand for prolonged periods of time rated at 9/10. The patient's treatment plan included an epidural steroid injection. Request was made for 12 shockwave therapy sessions for the right ankle and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SHOCKWAVE THERAPY SESSIONS FOR THE RIGHT ANKLE AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Ankle and Foot Chapter, Shockwave Therapy

Decision rationale: The requested 12 shockwave therapy sessions for the right ankle and lumbar spine are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this type of treatment. Official Disability Guidelines state that shockwave therapy for the lumbar spine is not recommended as there is little scientific data to support the efficacy and safety of this type of treatment. Additionally, Official Disability Guidelines only recommend extracorporeal shockwave therapy for patients with plantar fasciitis. The clinical documentation submitted for review fails to provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested 12 shockwave therapy sessions for the right ankle and lumbar spine are not medically necessary or appropriate.