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| Case Number: | CM14-0005057 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 01/11/2012 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 01/14/2014 |

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:

The patient is a 50-year old female who has submitted a claim for lumbar sprain/strain, lumbar disc displacement, internal derangement of left knee, and status post right knee lateral meniscectomy, chondroplasty and synovectomy (09/20/2013); associated with an industrial injury date of 01/11/2012. Medical records from April to December 2013 were reviewed and showed that patient complained of residual right knee pain, graded 8/10, accompanied by low back and left knee pain. Pain is aggravated by squatting, kneeling, going up and down the stairs, prolonged positioning including weight bearing, standing, and walking. By physical examination showed normal DTRs (Deep Tendon Reflexes), decreased motor strength at the bilateral lower extremities, sensation at the L4, L5, and S1 dermatomes bilateral. Orthopedic testing of the right knee was no performed due to recent surgery. Treatment to date has included medications, physical therapy, extracorporeal shock wave therapy (ESWT), and right knee arthroscopy as stated above. Utilization review, dated 01/02/2014, denied the request for right knee ESWT because guidelines only recommend its use for patellar tendinopathy and long bone hypertrophic non-unions.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY - RIGHT KNEE: 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) Knee and Leg, ESWT.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. Official Disability Guidelines state that shockwave therapy is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. In this case, patient complains of residual right knee pain despite recent surgery. However, the medical records failed to establish compelling circumstances to warrant use of ESWT despite the lack of evidence of its efficacy. Furthermore, the present request as submitted failed to specify the number of sessions and the duration of treatment. Therefore, the request for Shockwave Therapy for Right Knee is not medically necessary.