

Case Number:	CM14-0005303		
Date Assigned:	01/24/2014	Date of Injury:	12/27/2012
Decision Date:	06/19/2014	UR Denial Date:	01/03/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 32-year-old female with a date of injury of 12/27/2012. The listed diagnoses per [REDACTED] are: Lumbar spine musculoligamentous strain/sprain with radiculitis, Left knee sprain/strain, meniscal tear, partial chondromalacia tendinosis, and Sleep disturbance secondary to pain. According to the 11/20/2013 progress report by [REDACTED], the patient presents with low back and left knee pain. Examination of the lumbar spine revealed grade 3 tenderness to palpation over the paraspinal muscles. Examination of the left knee revealed grade 3 tenderness to palpation which has remained the same since her last visit. McMurray's test is positive. There is tenderness over the patellar tendon. Patient states physical therapy has helped decreased her pain and tenderness. Treatment plan includes physical therapy, Fluriflex, Tramadol, "extracorporeal shock wave therapy to the left knee." Utilization review denied the request for extracorporeal shockwave therapy on 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL THERAPY LEFT KNEE FOR 4 TREATMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 235. Decision based on Non-MTUS Citation ODG-TWC guidelines has the following regarding ESWT: (<http://www.odg-twc.com/odgtwc/ankle.htm#Protocol>) "Not recommended using high energy ESWT. Under study for low energy ESWT, where the latest studies show better outcomes without the need for anesthesia. Trials in this area have yielded conflicting results. Recent evidence is less promising than early results. A recent high quality study concluded that, "Extracorporeal shock wave therapy is ineffective in the treatment of chronic plantar fasciitis. "

Decision rationale: This patient presents with low back and left knee pain. The patient continues with tenderness and pain in the left knee with positive McMurray's test. It was noted patient is receiving benefits from physical therapy and her medication regimen. The treater is requesting extracorporeal shock wave therapy for the left knee. The ACOEM Guidelines page 235 states the following regarding ESWT, "Published randomized clinical trials are needed to provide better evidence for the use of many physical therapy modalities that are commonly employed. Some therapists use a variety of procedures. Conclusions regarding their effectiveness may be based on anecdotal reports or case studies. Included among these modalities is extracorporeal shockwave therapy (ESWT)." The ODG Guidelines has the following regarding ESWT, "not recommended using high energy ESWT." The ODG regarding ESWT specifically for the knee/leg states, "Under study for patellar tendinopathy and for long bone hypertrophic nonunions." In this case, ACOEM and ODG Guidelines do not support the use of ESWT for knee conditions. It is considered anecdotal and is still considered under study. Given the above the request is not medically necessary.