

Case Number:	CM14-0008062		
Date Assigned:	02/07/2014	Date of Injury:	01/05/2012
Decision Date:	06/23/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Family 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 49 years old and has been undergoing treatment for an injury to the left knee that occurred while at work on 1/5/2012. The patient is appealing denial of a request for three sessions of shockwave treatment as well as having an interpreter present for each of these treatment sessions. The medical records were reviewed and were notable for an ongoing evaluation for pain in the left knee. An X-ray of the knee was performed on 11/8/2012 and was unremarkable. An office visit was documented on 11/20/2013 and was significant for diminished range of motion of the knee with tenderness to palpation along the medial joint line. The patient was diagnosed with a sprain/strain of the left knee as well as a left knee meniscus tear. Treatment recommendations included: activity modification, analgesics, and a corticosteroid injection into the knee joint. The patient continued to be symptomatic and a request was submitted for three sessions of shockwave therapy with the assistance of a medical interpreter.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE SESSIONS OF SHOCKWAVE TREATMENT WITH ASSISTANCE OF INTERPRETER FOR LEFT KNEE: 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 (Updated 11/2913).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg- Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: There are no MTUS recommendations regarding the use of shockwave therapy for the treatment of a knee sprain/strain or meniscal injury. The Official Disability Guidelines (Knee/Leg) do comment on the use of extracorporeal shockwave therapy (ESWT). These guidelines indicate that Extracorporeal Shock Wave Therapy (ESWT) is currently under study for patellar tendinopathy and for certain long-bone nonunions. However, evidence from the American College of Sports Medicine indicates that ESWT is not effective for this condition. There is no evidence in this guideline that ESWT is effective for the treatment of a non-specific knee sprain/strain or for a meniscal injury as was noted in this case. In summary, there is no evidence to support the use of ESWT for this patient's knee injury. Further, given that ESWT is not considered medically necessary, there is no indication for the use of an interpreter for these treatment sessions. The request is not medically necessary and appropriate.