

Case Number:	CM14-0011482		
Date Assigned:	03/05/2014	Date of Injury:	11/14/2012
Decision Date:	06/30/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/29/2014

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 with cumulative trauma injury dates of 01/23/2013-11/14/2012. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 12/10/2013, lists subjective complaints as constant pain in her knees which she describes as dull. The patient complains of increased pain with all weight bearing activities. The patient underwent a nerve conduction study on 06/20/2013 which proved to be normal. Objective findings: Examination of the bilateral knees revealed nonspecific tenderness to palpation. Drawer test was positive for both knees. Apley's grinding test and McMurray test with exterior rotation were positive on the right knee. Pivot shift test was positive on the left knee. There was decreased range of motion noted for both knees. The diagnoses include: sprain/strain - knee/leg, internal derangement syndrome of knees - rule out, segmental dysfunction of lower extremity, sleep disturbance, acute reaction to stress, anxiety, chondral defect, right knee, medial facet of patella, per MRI (magnetic resonance imaging) 05/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY LEFT KNEE 1X3: 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), Knee Chapter, Shockwave.

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 (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: According to the Official Disability Guidelines (ODG), extracorporeal shockwave therapy (ESWT) is currently under study for patellar tendinopathy and for long-bone hypertrophic non-unions. There is no recommendation or study for other uses of ESWT. Thus, the request for shockwave therapy left knee 1x3 is not medically necessary.

ORTHOPEDIC CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 134.

Decision rationale: According to the ACOEM guidelines, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. In this case, the medical record fails to outline the reasons for an orthopedic consultation. The reasons must be specified in this case due to the number of related and unrelated diagnoses this patient carries, which have apparently sprung from a sprain to her knee. Thus, the request for orthopedic consultation is not medically necessary.