

Case Number:	CM14-0012166		
Date Assigned:	02/21/2014	Date of Injury:	02/23/2007
Decision Date:	06/10/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/30/2014

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 59-year-old with a date of injury of February 23, 2007. The injury includes the lumbar, cervical spine and bilateral knees. He has been treated with cervical fusion, cervical and lumbar epidural injections, left knee surgery, physical therapy and analgesic medications. The most recent treating narrative documents right knee tenderness (not localized), positive McMurry's sign. A January 3, 2014 MRI is reported to show quadriceps tendonopathy (extent is not documented) and a right knee lateral meniscal tear. Authorization was requested for an injection and a partial menisectomy. In a separate section of the narrative there is a request for Extracorporeal Shockwave Therapy (ESWT). There is no documentation of prior conservative care for patellar tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY FOR THE RIGHT KNEE, THREE SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: KNEE/LEG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Acute and Chronic Chapter, ESWT Section, as well as the website Orthoinfo.aaos.org.

Decision rationale: It appears that the request for ESWT is due to the quadriceps tendinopathy. The narrative documenting the exam and MRI fails to document if the tendinopathy extends to and involves the patellar tendon. Even if there is primarily patellar tendonitis current guidelines are not supportive of this treatment. ACOEM does not address this issue. ODG notes an early study that was supportive, but documents that subsequent studies are not supportive and it is not superior to multimodal treatment approaches i.e. patellar banding, anti-inflammatory treatments and physical therapy. A review of the educational section of the American Academy of Orthopedic Surgery failed to reveal any recommendation for ESWT for patellar tendonitis. The request for extracorporeal shockwave therapy for the right knee, three sessions, is not medically necessary or appropriate.