

Case Number:	CM14-0013005		
Date Assigned:	02/24/2014	Date of Injury:	03/30/2012
Decision Date:	07/21/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/31/2014

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:

Patient is a 61-year-old female who has submitted a claim for arthropathy of lower leg and internal derangement of right knee associated with an industrial injury date of 03/30/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of right knee pain, graded 7/10 in severity, described as sharp, aching pain with difficulty straightening the joint. Aggravating factors included prolonged walking, standing, climbing stairs, squatting, and kneeling. Patient likewise reported sharp pain at the right ankle associated with numbness and tingling sensation. Physical examination revealed tenderness with limited knee extension. Crepitus was noted bilaterally. Knees were stable to valgus, varus, and anteroposterior stress. Motor strength, reflexes, sensation, and vascular examination were unremarkable. Gait was normal. Treatment to date has included right knee arthroscopy in 10/25/2012, left knee arthroscopy in January 2013, chiropractic care, acupuncture, physical therapy, cortisone injection, and medications. Utilization review from 01/13/2014 denied the request for bilateral knee shock wave therapy because guidelines only recommend its use for intractable plantar fasciitis and intractable epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCK WAVE THERAPY FOR BILATERAL KNEES: 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 Section, Extracorporeal Shock Wave Therapy.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that extracorporeal shockwave therapy (ESWT) 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 is status post right knee arthroscopy in 2012 and left knee arthroscopy in January 2013. Pain persisted with associated crepitation and tenderness. However, medical records submitted and reviewed failed to provide rationale for this procedure. The medical necessity was not established due to insufficient information. The number of treatment sessions is likewise not specified. Therefore, the request for Shock Wave Therapy For Bilateral Knees is not medically necessary.