

Case Number:	CM14-0013704		
Date Assigned:	02/26/2014	Date of Injury:	06/05/2007
Decision Date:	07/11/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 & Rehabilitation 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 56-year-old female who has submitted a claim for advanced symptomatic right knee arthrosis and left DeQuervains tenosynovitis associated with an industrial injury date of June 5, 2007. Medical records from 2013 to 2014 were reviewed. The patient complained of left wrist and right knee pain. Physical examination of the left wrist showed tenderness with ROM of the first dorsal compartment, IP, and MP joint of all fingers; swelling over the first dorsal compartment; grade 4 motor weakness in ROM, and positive Finkelstein's. Physical examination of the knees showed tenderness over bilateral medial and lateral joint line and patella; patellar femoral crepitus and grind bilaterally; grade 4 muscle weakness in bilateral quads and hamstrings; and restricted flexion bilaterally. Treatment to date has included physical therapy and medications. Utilization review from January 15, 2014 denied the request for 3 sessions of extracorporeal shockwave therapy to the right knee because the patient was diagnosed with knee sprain/strain and not patellar tendinopathy. The request for 8 physical therapy sessions was denied because the patient is 6 years post injury with no evidence as to the amount of physical therapy rendered. The request for TENS/EMS unit for the right knee was denied due to lack of documentation of a TENS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY X3 TO THE RIGHT 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 (ODG).

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 Chapter, Extracorporeal Shockwave Therapy (ESWT).

Decision rationale: CA MTUS does not specifically address extracorporeal shock wave therapy (ESWT); however, Official Disability Guidelines state that shockwave therapy 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, ESWT was requested to decrease pain, increase functional capacity, ROM, and ADLs. However, there is no evidence that the patient has patellar tendinopathy. In addition, the medical records failed to establish compelling circumstances identifying why ESWT was requested despite its lack of evidence for efficacy. Therefore, the request for extracorporeal shockwave therapy to the right knee is not medically necessary.

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT KNEE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: Pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In this case, the patient underwent physical therapy. However, documentation as to the amount of physical therapy is lacking. In addition, there were no reports of functional gains and continued benefit from previous physical therapy sessions. Therefore, the request for physical therapy for the right knee is not medically necessary.

TENS/EMS UNIT FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116.

Decision rationale: As stated on pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option.

Criteria for the use of TENS unit include pain of at least three months duration, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient complained of chronic left wrist and right knee pain. However, there was no clear documentation of failure of oral pain medications and other conservative pain modalities. In addition, specific short- and long-term goals with TENS use were not clearly stated. Furthermore, there were no reports of a successful 1-month TENS trial. Lastly, the request did not indicate whether the TENS unit is for trial or purchase. Therefore, the request for TENS/EMS unit for the right knee is not medically necessary.