

Case Number:	CM14-0015001		
Date Assigned:	02/28/2014	Date of Injury:	10/17/2013
Decision Date:	06/27/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery 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 51 years old with a reported date of injury 10/17/13. An exam note from 1/8/14 demonstrates complaint of right knee pain and pain with bending or sitting down. A right knee exam demonstrates weakness with paraspinal tenderness. Exam note 1/14/14 demonstrates complaint of neck pain with left arm numbness and tingling. A request was made for shockwave treatment for knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO SHOCKWAVE FOR THE RIGHT KNEE: 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 an leg, Extracorporeal shock wave (ESWT)

Decision rationale: CA MTUS/ACOEM is silent on the issue of shockwave therapy for the knee. Per the ODG criteria cited above, ESWT is under study for patellar tendinopathy and for long bone hypertrophic nonunion. It is not recommended by the ODG and therefore determination is for non-certification.

