

Case Number:	CM14-0117871		
Date Assigned:	08/06/2014	Date of Injury:	07/14/2011
Decision Date:	09/16/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/28/2014

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 and 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 was injured on 07/14/2011. The mechanism of injury is unknown. She has been treated conservatively with physical therapy, acupuncture, and chiropractic care. Progress report dated 5/2/2014 notes the patient completed a LESI and improved in her pain. She reported her bilateral shoulder pain has improved as well with cortisone injections and physical therapy. She is scheduled for bilateral knees injections 5/21/14. She will see AME 5/9/14. Diagnoses include exacerbating T/S S/S, C/S S/S RUE radic, right frozen shoulder, right medial epicondylitis, bilateral wrist S/S, bilateral knee S/S, DJD, Left shoulder S/S, Stress acute disorder. AME report was done on 5/9/14. Diagnoses include left knee internal derangement with degenerative joint disease, right knee ligamentous sprain, endogenous obesity longstanding with diabetes, right shoulder subacromial impingement, ligamentous low back sprain, cervical spine thoracic spine sprain alleged, right proximal humerus fracture, multiple prior industrial injuries in right knee, elbow, ankle, leg and lumbar spine. Prior utilization review dated 06/23/2014 by [REDACTED] states the request for Shock wave therapy for the right elbow is denied as medical necessity has not been established; Left knee brace DOS 6/23/14 is denied as medical necessity has not been established; and Solar Care FIR heating system 6/23/14 is denied as medical necessity has not been established. PR2 from [REDACTED] from 6/9/14 was mentioned in the UR report. Patient reports bilateral shoulder injections helped her pain, bilateral knee pain increasing with standing and walking, right elbow pain intermittent. Lumbar spinal pain was helped with ESI. Left L5 and S1 ESI were done on 3/17/14. The patient completed PT, Chiro and acupuncture. Gait is antalgic, there is lumbar and sacral tenderness bilaterally, 5/5 strength on the left leg, positive left SLR, 2+ bilateral knee and ankle reflex. Bilateral decreased shoulder ROM. Treatment plan include shockwave for right

elbow, left knee brace, single point cane, tennis elbow counterforce strap, solar care FIR heating system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter, Extracorporeal ShockWave Therapy.

Decision rationale: ACOEM guidelines strongly recommend against use of Extracorporeal ShockWave Therapy in the elbow. The ODG guidelines also state that Extracorporeal ShockWave Therapy is not recommended in the elbow. Therefore, the request is not medically necessary.

Left knee brace DOS 6/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG - Knee & Leg (Acute & Chronic), Knee brace.

Decision rationale: ACOEM guidelines state that a brace can be used for patellar instability, ACL tear or MCL instability. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. According to the medical record, the patient does not have the diagnoses that require knee brace or the need to stress the knee under load. Therefore, the request is not medically necessary.

Solar Care FIR heating system 6/23/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 31-35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Infrared Therapy (IR).

Decision rationale: ACOEM guidelines state that heat and cold modality during acute to subacute phases for a period of 2 weeks or less for temporary symptom amelioration. ODG guidelines state that infrared therapy is not recommended over other heat therapies. Since the patient is in the chronic phase and that infrared therapy is not recommended over other heat therapies. Therefore, the request is not medically necessary.