

Case Number:	CM14-0133547		
Date Assigned:	08/27/2014	Date of Injury:	09/25/2013
Decision Date:	09/22/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/21/2014

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 Illinois. 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 injured worker is a 45-year-old male who reported an injury on 09/25/2013 while exiting the airport area going into his truck when he was lifting a heavy pallet he stepped backward and fell. He stated that he "landed on his left knee." There was immediate onset of pain in the left knee. Diagnoses were post-traumatic chondromalacia, left patella. Past treatments have been physical therapy, acupuncture, left knee injections. Diagnostic studies were MRI of the left knee that revealed medial meniscal tear, junction between the anterior horn and anterior body, MCL sprain, medial femorotibial joint space narrowing, suprapatellar bursitis. Surgical history was not submitted. Physical examination on 04/07/2014 revealed complaints of left knee pain. Examination of the left knee revealed crepitus over the patellofemoral joint. There was no evidence of knee instability. There was grade 4/5 strength to knee extension. Gait was normal. Medications were not reported. Treatment plan was for Functional Capacity Evaluation and shockwave therapy. Rationale was submitted but was too large to put in the summary. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock Wave Therapy 1 X 3 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Extracorporeal Shock Wave Therapy.

Decision rationale: The request for Shockwave Therapy 1 X 3 Weeks is not medically necessary. The request submitted does not state which part of the body the shockwave therapy was for. The Official Disability Guidelines state extracorporeal shockwave therapy is "under study for patellar tendinopathy and for long bone hypertrophic nonunions." In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective with lower recurrence rates than conventional conservative treatments according to results of a recent small randomized control trial. New research suggests that extracorporeal shockwave therapy is a viable alternative to surgery for long bone hypertrophic nonunions. However, the findings need to be verified and difficult treatment protocols, as well as treatment parameters should be investigated, including the number of shockwaves used, the energy levels applied and the frequency of application. New data presented at the American College of Sports Medicine meeting suggests that extracorporeal 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. The request does not indicate which part of the body the shockwave therapy is for. Therefore, the request for Shock Wave Therapy 1 X 3 Weeks is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Fitfulness for Duty Chapter Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request for Functional Capacity Evaluation is not medically necessary. ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation; however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicate that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of the worker's abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance, or the worker has returned to work and an ergonomic assessment has not been arranged. It was not reported that the injured worker had tried to return to work. Therefore, the request for Functional Capacity Evaluation is not medically necessary.

