

Case Number:	CM14-0136940		
Date Assigned:	09/05/2014	Date of Injury:	05/29/2010
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family 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:

This is a 54-year-old female who reported an industrial injury to her neck, low back, and knees on 5/29/2010, over four (4) years ago, attributed to the performance of her usual and customary job tasks. The patient was treated conservatively with medications, physical therapy, activity modifications, and exercises. The patient complained of weakness in both lower extremities. The objective findings on examination included poor patellar tracking; slight limp; tenderness to palpation. The diagnosis included neck sprain/strain; low back sprain/strain; and bilateral knee sprain/strain. The patient was also diagnosed with chronic pain syndrome. The treatment plan included extracorporeal shock wave therapy ESWT to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 18-24 Sessions: 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) Treatment Index, 12 Edition (web) 2014, Knee, Extracorporeal shock wave therapy (ESWT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235, 29, 203.

Decision rationale: The request for ESWT to the bilateral knees does not provide any objective evidence to support the medical necessity of the requested ESWT. The requested treatment is not demonstrated to be medically necessary and is not consistent with the recommendations of the CA MTUS. There is no rationale provided to support the medical necessity of the requested ESWT. Evidence-based guidelines recommend ESWT to the knees only for the diagnosis of calcific tendinitis of the patellar tendon or patellar bursitis. The use of ESWT over four (4) years after the date of injury is not demonstrated to be medically necessary. The treatment of the elbow with ESWT is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines unless certain criteria are met with specific diagnoses. The provider did not provide any objective evidence to support the use of ESWT for the diagnosed left bilateral knee pain that was demonstrated on the physical examination as only tenderness to palpation. There is no provided objective evidence that the use of ESWT for the symptoms related to the objective findings documented for this patient is medically necessary or leads to functional improvement. The CA MTUS is silent on the use of ESWT. The Official Disability Guidelines only recommend the use of ESWT to the shoulder, elbow, and knee under certain clinical situations directed to the treatment of a calcific tendonitis or a pre-patellar bursitis. It is not clear that the requesting provider has demonstrated a failure of conservative care and the decision to proceed with the requested treatment against the recommendations of the currently accepted guidelines is not demonstrated to be medically necessary. The use of conservative treatment must be performed for at least 6 months with documentation of treatment failure. There is no demonstrated medical necessity for the requested ESWT to the bilateral knees.