

Case Number:	CM14-0139209		
Date Assigned:	09/05/2014	Date of Injury:	06/21/2005
Decision Date:	11/05/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 injured worker is a 56 year old male who reported an injury on 04/05/2006 due to cumulative trauma. His diagnosis included a bilateral knee internal derangement. His past treatments include cervical epidural steroid injections, right greater cervical nerve block, left greater cervical nerve block, and 6 out of 12 physical therapy visits. His past diagnostics included a MRI ordered by the orthopedic surgeon on 02/03/2014. On physical exam on 06/16/2014, the orthopedic surgeon noted findings from the MRI to reveal evidence of a medial meniscus tear, lateral meniscus tear, medial collateral ligament sprain, and hematopoietic changes in the right distal femur along with a medial meniscus tear, lateral meniscus tear, and hematopoietic changes in the left femoral condyle. On 07/10/2014 the injured worker complained about bilateral sharp knee pain to his medial knee with a noted "popping and clicking" sound prominent more on the left than right. He also complained of constant low back pain and numbness and tingling radiating in his bilateral lower extremities to his feet. On physical examination by his primary treating physician, the injured worker was noted to have a positive varus stress and positive valgus stress test on bilateral knees. It was also noted his motor strength in flexion was 4/5 and extension was 4/5 to bilateral knees. The treatment plan noted extracorporeal shockwave therapy for the bilateral knees. The request was for extracorporeal shock wave therapy 1 time a week for 6 weeks. The rationale for this request was not available. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy 1 Time a Week for 6 Weeks: 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) Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Knee Chapter, Extracorporeal shock wave therapy.

Decision rationale: The request for Extracorporeal Shock Wave Therapy 1 Time a Week for 6 Weeks is not medically necessary. The injured worker was noted to have bilateral knee internal derangement due to cumulative trauma. He has completed in 6 out of 12 physical therapy visits to date. The Official Disability Guidelines (ODG) state extracorporeal shock-wave therapy (ESWT) is "under study for patellar tendinopathy and for long-bone hypertrophic nonunions." The guidelines also state that research has shown this to be a "viable alternative to surgery." However, these findings need to be verified, and treatment parameters should be investigated, including the number of shock waves used, the energy levels applied and the frequency of application. The injured worker was not shown to have patellar tendinopathy or long-bone hypertrophic nonunions, and the guidelines state that ESWT is still under study even for these conditions. Therefore, the request is not supported. As such, the request for Extracorporeal Shock Wave Therapy 1 Time a Week for 6 Weeks is not medically necessary.