

Case Number:	CM14-0159764		
Date Assigned:	10/03/2014	Date of Injury:	05/06/2014
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of May 6, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; earlier left knee arthroscopy on July 17, 2014; and 15 sessions of postoperative physical therapy, per the claims administrator. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for six sessions of extracorporeal shockwave therapy. In a September 2, 2014 office visit, the applicant reported ongoing complaints of left knee and left low leg pain. The applicant was still smoking. The applicant was diabetic. The applicant was using Metformin, Zestril, Prilosec, and Aspirin, it was acknowledged. Tenderness about the patellar was appreciated. The applicant was placed off of work, on total temporary disability. Pain management consultation, orthopedic surgery consultation, and three to six sessions of extracorporeal shockwave therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shock wave therapy left knee 6 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), Knee & Leg, and Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 48.

Decision rationale: While the MTUS does not specifically address the topic of extracorporeal shockwave therapy for the left knee, the MTUS ACOEM Initial Approaches to Treatment Chapter 3 Guideline page 48 does note that it is incumbent upon the attending provider to furnish a prescription for therapy which "clearly states treatment goals." In this case, however, the requesting provider's prescription for extracorporeal shockwave therapy did not clearly state treatment goals. It was not clearly stated how the proposed ESWT was intended to advance the applicant's activity level and/or facilitate the applicant's further recovery. While the Third Edition ACOEM Guidelines Knee Chapter does note that there is "no recommendation" for or against usage of extracorporeal shockwave therapy for the knee, the body part at issue here, in this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would augment the tepid ACOEM position on extracorporeal shockwave therapy, the article at issue. Therefore, the request is not medically necessary.