

Case Number:	CM14-0170292		
Date Assigned:	10/20/2014	Date of Injury:	03/29/2014
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/15/2014

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:

This is a 65-year-old male with as 3/29/14 date of injury. The mechanism of injury occurred when he was involved in a head-on motor vehicle accident, causing whiplash to his neck and injuring his left knee. According to a progress report dated 9/17/14, the patient complained of low back pain with myospasm, left knee pain with loss of motion, spasms, numbness, and weakness. He also reported pain on the left ankle with loss of range of motion, spasm, and numbness. Objective findings: physical examination of lumbar spine revealed pain noted, knee examination revealed limited range of motion with pain, limited range of motion of left ankle, pain on palpation on left knee, trigger points on bilateral knees. Diagnostic impression: unspecified internal derangement of knee, lumbar sprain/strain. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 10/2/14 denied the request for shockwave therapy. With the documentation provided, there is no support found for extracorporeal shock wave therapy for the low back, sacral area, and knee except for nonunion fractures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy, lumbar/sacral area, knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Shockwave Therapy, Knee and Leg Chapter, Shockwave Therapy

Decision rationale: CA MTUS does not address this issue. ODG states that shockwave Therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. ODG states that extracorporeal shockwave therapy (ESWT) 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. However, in the present case, the requesting physician failed to establish compelling circumstances identifying why ESWT is required in this patient despite adverse evidence. Therefore, the request for Shockwave therapy, lumbar/sacral area, knee was not medically necessary.