

Case Number:	CM14-0171463		
Date Assigned:	10/20/2014	Date of Injury:	05/15/2013
Decision Date:	11/20/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain Management, 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 29 year old right-hand dominant male with a date of injury on 5/15/13. He is diagnosed with (a) right knee patellar instability and anterior synovitis; status post right knee medial patellofemoral ligament reconstruction using auto-draft gracilis and arthroscopy; and anterior synovitis debridement, 1/7/2012 (pre-existing); (b) right knee chondromalacia, with anterior scar tissue and painful medial hardware; status post right knee arthroscopy with anterior scar debridement; patellar chondroplasty, and medial hardware removal, open, 11/5/2012 (pre-existing); (c) right knee patellofemoral syndrome and medial epicondyle pain, with a small foreign body, status post right knee arthroscopic medial patellar facet chondroplasty, foreign body excision of the medial epicondyle; and gentle partial medial epicondylectomy, 2/26/2014; and (e) low back and hip complaints unrelated to the injury in question. Most recent records dated 9/8/2014 documents that the injured worker complained of constant right knee pain which radiates into the calf and hip. He has popping, cracking, numbness and tingling sensation and swelling in the right knee. He also has giving out, locking, and buckling in the right knee but he has not fallen as he is able to catch himself. The pain awakened him from sleep. He also complained of left knee pain due to compensation. Right knee examination noted tenderness over the right, medial and lateral joint lines. Pain was noted with valgus and varus stress testing on the right. Muscle weakness was noted on the right knee on extension, Grade 3/5. X-ray of the right knee showed slight patellofemoral arthrosis with medial facet and patellar exostoses. X-rays of the left knee showed slight patellofemoral arthrosis, with a lateral tilt. A magnetic resonance imaging (MRI) scan of the right knee on 6/6/2013 revealed postoperative changes, including partial tearing at the proximal attachment to the medial patellofemoral ligament at the proximal attachment to the medial aspect, denudation of the articular cartilage over the patellar apex and

medial facet of the patella as well as shallow trochlear groove and large joint effusion. He was opined to have reached maximum medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy 2x 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 Extracorporeal shock wave therapy (ESWT), Knee & Leg (Acute & Chronic)

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

Decision rationale: Evidence-based guidelines indicate that extracorporeal shockwave therapy is investigational or under study for patellar tendinopathy and for long-bone hypertrophic non-unions. However, recent studies suggest that this is ineffective for treating patellar tendinopathy compared to the current standard of care emphasizing multimodal physical therapy focused on muscle training, joint mobilization, and patellar tapering. Due to lack of affirmative or high level supporting studies regarding extracorporeal shockwave therapy, the medical necessity of the requested extracorporeal shockwave therapy twice a week for six weeks is not established.