

Case Number:	CM14-0178352		
Date Assigned:	10/31/2014	Date of Injury:	01/31/2014
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 56 years old female injured worker who sustained an injury on 1/31/14. She sustained the injury due to slipped and fell on temporary wood floor. The current diagnoses include lumbar myospasm, lumbar sprain and strain, right knee internal derangement, right knee pain and right knee sprain and strain. Per the doctor's note dated 9/12/14, she had complaints of low back pain and stiffness; right knee pain with locking and popping. Physical examination revealed lumbar spine- painful and decreased range of motion, tenderness to palpation over the lumbar paravertebral muscles with muscle spasm and positive straight leg raising; right knee- range of motion full- flexion 140 and extension 0 degrees, tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee and positive McMurray. The medications list includes naproxen and topical compound analgesic cream. She has had lumbar MRI on 5/19/14 which revealed multi-level disc bulges and degenerative changes. She has had acupuncture visits, physical therapy visits, work conditioning visits and aquatic therapy visits for this injury. She has had extracorporeal shockwave therapy on 8/20/14. She has had urine drug screen on 5/30/14, 8/21/14 and 9/18/14 with negative results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter (Updated 10/7/2014), Extracorporeal Shock Wave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Knee & Leg (updated 10/27/14), Extracorporeal Shock Wave Therapy (ESWT)

Decision rationale: ACOEM and CA-MTUS guidelines do not address this request completely. Per the ODG cited above extracorporeal shockwave treatment is "Under study for patellar tendinopathy and for long-bone hypertrophic nonunions." Per the cited guidelines there is no high grade scientific evidence to support the use of shockwave treatment for this diagnosis. Evidence of patellar tendinopathy and long-bone hypertrophic nonunions is not specified in the records provided. The medical necessity of extracorporeal shock wave therapy for right knee is not fully established for this injured. The request for Extracorporeal Shock Wave Therapy Right Knee is not medically necessary.