

Case Number:	CM14-0053883		
Date Assigned:	07/07/2014	Date of Injury:	04/23/2013
Decision Date:	08/21/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/22/2014

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 Texas. 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 medical records reflect this claimant has constant low back pain radiating down the right lower extremity. He also has left knee pain, intermittent neck pain, pain in the right ankle and right shoulder. The claimant has a diagnosis of lumbar strain/sprain, cervical strain/sprain, right hip lateral tensor fascia lata tendonitis, tendinopathy of the posterior tibial tendon of the right ankle with synovial ganglion cyst seen on flexor hallucis longus and right shoulder strain/sprain. There is a request for an ortho shockwave treatment to the hip, physical therapy, to continue home exercise program and pain management for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 sessions of Ortho Shockwave Right Hip 1 x per week x 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18356180>, Extracorporeal shockwave therapy shows regeneration in hip necrosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot chapter - extracorporeal wave treatment.

Decision rationale: The medical records reflect the claimant has constant low back pain radiating down the right lower extremity. He also has left knee pain, intermittent neck pain, pain in the right ankle and right shoulder. There is a request for orthoshock treatment to the hip. A current evidence based medicine reflects that this form of treatment is not recommended. There is an absence in the current medical literature to support this form of treatment for hip pain. Therefore, the medical necessity of this request has not been established. Therefore treatment requested is not medically necessary.