

Case Number:	CM14-0064534		
Date Assigned:	07/11/2014	Date of Injury:	07/30/2013
Decision Date:	09/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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 Internal 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 injured worker was diagnosed with lumbar spine musculoligamentous injury and right knee internal derangement with a date of injury of 07-30- 2013. The primary treating physician's progress report dated 02/13/14 documented that the patient complained of right hip and thigh pain rated at 8/10. The pain was described as constant, sharp pain, with numbness, tingling and weakness in the legs and feet. The patient complained of right knee pain rated at 4/10 which was described as constant, sharp with numbness, tingling and weakness in the legs and feet. The pain worsens with constant standing, crouching and squatting, repetitive waist bending and twisting, prolonged walking for 20 minutes, walking on uneven surfaces and repetitive lifting and carrying. The patient complained of right calf pain rated at 8/10 with numbness, tingling and weakness in the legs and feet, right heel pain rated at 9/10, right ankle pain rated at 8/10, right toe pain rated at 7/10, headaches, dizziness, depression and difficulty sleeping. The pain is 100 percent of the day and worsens with physical activities. The pain is alleviated with medications. The physical examination of the lumbar spine showed tenderness to palpation over the paraspinal musculature. Straight leg raise was positive at the right lower extremity at 20 degrees. Lumbar spine range of motion was decreased secondary to pain. Right knee examination revealed tenderness to palpation over the posterior ligament line. McMurray's test was positive. The patient was diagnosed with lumbar spine musculoligamentous injury, right knee internal derangement, and mood disorder. Extracorporeal shock wave therapy (ESWT) for the lumbar spine and right knee was requested. Utilization review decision date was 04-09-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy (ESWT), to the lumbar spine and 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 (ODG), Low Back (updated 3/31/14), Shock Wave Therapy and Official Disability Guidelines (ODG), Knee and Leg (updated 03/31/14) Extracorporeal Shock Wave Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Shock wave therapy Work Loss Data Institute. Bibliographic Source: Work Loss Data Institute. Low back -- lumbar & thoracic (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Dec 4. Guideline.Gov Work Loss Data Institute. Bibliographic Source: Work Loss Data Institute. Knee & leg (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 29. Guideline.Gov.

Decision rationale: The Expert Reviewer's decision rationale: American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Medical treatment utilization schedule (MTUS) does not specifically address extracorporeal shockwave therapy (ESWT) for low back conditions. Official Disability Guidelines (ODG) guidelines state that shock wave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Work Loss Data Institute guidelines for the low back state that shock wave therapy is not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints states that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, and biofeedback have no scientifically proven efficacy in treating acute knee symptoms. Medical treatment utilization schedule (MTUS) does not specifically address extracorporeal shockwave therapy (ESWT) for knee conditions. Work Loss Data Institute guidelines for the knee and leg (2013) stated that extracorporeal shock wave therapy (ESWT) is not recommended. The patient is an injured worker the diagnoses of lumbar spine musculoligamentous injury and right knee internal derangement. ACOEM, ODG, and Work Loss Data Institute guidelines do not recommend extracorporeal shock wave therapy (ESWT) for lumbar back conditions. ACOEM and Work Loss Data Institute guidelines do not recommend extracorporeal shock wave therapy (ESWT) for knee conditions therefore this request is not medically necessary.