

Case Number:	CM14-0070766		
Date Assigned:	07/14/2014	Date of Injury:	11/22/2011
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 Preventative 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:

According to the records made available for review, this is a 53-year-old female with an 11/22/11 date of injury. At the time (3/14/14) of request for authorization for Retrospective Extracorporeal Shock Wave Therapy Procedure (dos: 03/14/2014), there is documentation of subjective (chronic right knee pain) and objective (tenderness to palpation over the lumbar para-vertebral musculature with spasms and decreased range of motion) findings, current diagnoses (lumbar spine sprain/strain, right hip sprain/strain, right knee sprain/strain, patellar bursitis, and right ankle/foot sprain/strain), and treatment to date (medications, physical therapy, injections, and acupuncture). In addition, medical reports identify a request for Extracorporeal Shock Wave Therapy to address the significant residual symptoms in the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective extracorporeal shock wave therapy procedure (dos:03/14/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg (Official Disability Guidelines).

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

Decision rationale: MTUS does not specifically address this issue. ODG identifies that extracorporeal shock wave 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. Within the medical information available for review, there is documentation of a diagnosis of patellar bursitis. Therefore, based on guidelines and a review of the evidence, the request for Retrospective 1 extracorporeal shock wave therapy procedure (dos: 03/14/2014) is not medically necessary.