

Case Number:	CM14-0094398		
Date Assigned:	09/22/2014	Date of Injury:	02/12/2009
Decision Date:	12/24/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/20/2014

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, has a subspecialty in Interventional Spine 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 patient is a 62 year old male with an injury date of 02/12/09. The 05/07/14 reports states that the patient presents with increasing left knee pain associated with limping in consideration of lower back and right lower extremity pain. Knee pain is also considered a byproduct of cumulative trauma of work activities. Examination demonstrates squatting to maximally 60% with left knee pain precluding additional squat range of motion. Palpation of the left knee shows 3+ lateral joint line pain on the left and 1 to 2+ medial joint line pain on the left. McMurray's test is equivocal and there is 3+ popliteus splinting/spasm on the left with pain. Patellar restraint and grate testing is sharply positive on the left with lateral deviation of the patella with quadriceps contraction. The patient's diagnoses include: 1. Patellofemoral dysfunction secondary to repetitive trauma 2. Meniscal tear knee, secondary to repetitive trauma 3. Enthesopathy/Capsulitis knee, secondary to repetitive trauma. The utilization review being challenged is dated 05/16/14. The rationale is that subjective reports of prior ESWT to the left knee show benefit, but there is no clear indication of specific sustained functional improvement. Reports were provided from 05/07/14 to 05/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial shock wave therapy to the left knee 3x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 & Leg, Extracorporeal shock wave therapy (ESWT)

Decision rationale: The patient presents with left knee pain associated with limping in consideration of lower back and right extremity pain as well as cumulative trauma of the left knee. The treater requests for a trial shock wave therapy to the left knee 3x2. ODG guidelines ESWT Topic, state that the treatment is under study for patellar tendinopathy and for long bone hypertrophic nonunions. First study shows treatment of patellar tendinopathy to be safer and more effective. It appears from the 05/07/14 report that the patient received a trial of shockwave therapy to the medial and lateral joint lines at the left knee. The treater states, "Following this procedure the patient noted that pain with knee flexion was reduced and range of motion to the left knee flexion was increased to 120 degrees and his capacity to squat was also increased to 75%." The treater then recommends an additional trial of 6 sessions. On 05/30/14 the treater recommends that the patient continue with the shockwave therapy so as to reduce inflammation within the capsular ligaments. The treater further states, "This procedure has demonstrated a gradual and progressive benefit..." In this case, ODG states treatment is under study for patellar tendinopathy and this patient presents with patellofemoral dysfunction, meniscal tear and enthesopathy. The request is not medically necessary.