

Case Number:	CM14-0208313		
Date Assigned:	12/19/2014	Date of Injury:	12/08/2013
Decision Date:	02/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient's diagnoses include low back pain, lumbar sprain, lower extremity radiculitis, lumbar degenerative disc disease, and right foot osteoarthritis. On 07/29/2014, the patient was seen in primary treating physician followup with low back pain as well as right knee pain and right foot pain. On exam the patient was in no acute distress and had palpable tenderness at the lumbar paraspinal muscles and over the lumbosacral junction. The patient had tenderness over the medial and lateral joint lines and also had patellofemoral pain as well. The patient reported that medications offered temporary pain relief, although her symptoms persisted. The treatment plan included continued chiropractic treatment and acupuncture as well as multiple topical and compounded pain medications. A series of chiropractic physician notes, beginning 09/08/2014, indicate that the patient had undergone extensive treatment to the low back including physical therapy, manipulative therapy, acupuncture, and injections and continued to have ongoing pain. Subsequently the patient was treated with a series of extracorporeal shockwave therapy treatments, accompanied by physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 1 time per week for 6 weeks for Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Shock wave therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: The California Medical Treatment Utilization Schedule does not discuss shockwave therapy. Extracorporeal shockwave therapy is recommended in very limited circumstances to particular body parts, including in some cases for calcifying tendinitis of the shoulder. This guideline does not recommend extracorporeal shockwave therapy to the lumbar spine. Therefore, this request is not medically necessary.

Shockwave Therapy 1 time per week for 3 weeks for Right Knee and Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Extracorporeal shock wave therapy (ESWT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Extracorporeal Shockwave Therapy and Ankle, Extracorporeal Shockwave Therapy.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines does not specifically discuss the use of extracorporeal shockwave therapy to the knee or foot. Official Disability Guidelines/Treatment in Workers Compensation/Knee does discuss extracorporeal shockwave therapy and states that this is under study for patellar tendinopathy and for long bone hypertrophic unions. Official Disability Guidelines/Treatment in Workers Compensation/Ankle discusses this modality and recommends low-energy shockwave therapy as an option in chronic plantar fasciitis. The medical records and treatment guidelines do not support an indication in this case for shockwave therapy to the right knee and foot. This request is not medically necessary.