

Case Number:	CM14-0209983		
Date Assigned:	12/23/2014	Date of Injury:	05/24/2011
Decision Date:	02/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/15/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 44 year-old male with date of injury 05/24/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/16/2014, lists subjective complaints as pain in the left knee, left ankle, and left shoulder. Conservative treatments to date include injections for the left knee, physical therapy, acupuncture, MRIs, nerve conduction studies, and medications (dates and duration of visits were not provided). Objective findings: Examination of the left shoulder revealed tenderness to palpation over the left trapezius and acromioclavicular joint. Abduction over the shoulder was 130 degrees and flexion was 120 degrees. Motor strength was 4/5. Examination of the left knee revealed tenderness to palpation over the medial aspect. 0-100 range of motion. 4/5 motor strength. Examination of the left ankle revealed tenderness to palpation over the lateral aspect. Diagnosis: 1. Lumbar spine sprain/strain, rule out discopathy 2. Left shoulder sprain/strain with tendonitis 3. Left knee/ankle sprain/strain with tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Ortho Shockwave Therapy Visits for The Left Ankle, Left Knee and Left Shoulder:

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)

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

Decision rationale: According to the Official Disability Guidelines extracorporeal shockwave therapy is recommended only for calcifying tendinitis but not for other shoulder disorders. Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function. While it appears to be safe, there is disagreement as to its efficacy. There is no documentation of calcific tendinitis of the shoulder or plantar fasciitis. Three Ortho Shockwave Therapy Visits for The Left Ankle, Left Knee and Left Shoulder are not medically necessary.

Back Brace Purchase: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. Back Brace Purchase is not medically necessary.

Knee Brace Purchase: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. There is no documentation of the above. Knee Brace Purchase is not medically necessary.