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| Case Number: | CM14-0035888 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 04/01/2011 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 02/25/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 patient is a 47y/o male injured worker with date of injury 4/1/11 with related left knee pain. Per progress report dated 2/4/14, the injured worker complained of constant, moderate left knee pain described as pulsating, burning with pins and needles increased with bending and walking; intermittent moderate low back pain described as pulsating, pins and needles; occasional right leg pain described as pulsating and cramping; occasional moderate right ankle pain; and frequent moderate right knee pain. Physical exam findings were not documented. Treatment to date has included physical therapy, acupuncture, and medication management. The date of UR decision was 2/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of extracorporeal shockwave therapy for the 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 (ODG) , Treatment Index, 11th edition (web), 2013, low back chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Extracorporeal Shockwave Therapy

Decision rationale: The MTUS is silent on the use of extracorporeal shockwave therapy (ESWT). With regard to ESWT, the ODG TWC states: "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results." As the requested treatment is not recommended by the guidelines, it is not medically necessary.