

Case Number:	CM15-0102721		
Date Assigned:	06/05/2015	Date of Injury:	10/17/2013
Decision Date:	07/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 injured worker is a 54 year old male, who sustained an industrial injury on October 17, 2013. Several documents included in the submitted medical records are difficult to decipher. He reported cumulative trauma injuries of the shoulders, back, lower extremities, and psyche. The injured worker was diagnosed as having thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain, bilateral shoulder periscapular impingement - rule out rotator cuff tear, and bilateral knee sprain/strain - rule out meniscus tear. On November 26, 2014, an MRI of the left knee revealed a joint effusion, a tear of the posterior horn-body of the lateral meniscus, mild tricompartmental osteoarthritic changes, mild to moderate grade chondromalacia of the patella, and mild popliteal bursitis. On December 10, 2014, an MRI of the lumbar spine was performed. Treatment to date has included physical therapy, acupuncture, chiropractic therapy, and non-steroidal anti-inflammatory medication. On April 21, 2015, the injured worker complains of low back pain radiating to the right lower extremity with increased numbness, tingling, and pain with use. He complains of bilateral shoulder pain, left greater than right, and increased symptoms with use. He complains of left greater than right knee pain with pop, locking, and giving way. His pain is rated 8-9/10 and is described as frequent, constant, dull, sharp, cramping, numbness, and ache. The thoracic/lumbar exam revealed tenderness and spasm of the paravertebral muscles and lumbosacral junction and positive straight leg raise to bilateral knees, right greater than left. There was decreased sensation of bilateral lumbar 5/sacral 1. The left knee exam revealed tenderness to palpation of the medial joint line, lateral joint line, and patella. There was positive crepitus and McMurray. The bilateral shoulder exam revealed

positive crepitus and decreased range of motion. The injured worker was temporarily totally disabled. The treatment plan includes shockwave therapy for the bilateral shoulder 3 times (3 per diagnoses 1 treatment every 2 weeks), Quick Draw lumbar spine support, and bilateral knee supports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the bilateral shoulders 3 x (3 diagnoses 1 treatment every 2 weeks):
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 ODG, shockwave therapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy. 2. Three conservative therapies prior to ESWT have been tried prior. 3. No contraindications to therapy. 4. Maximum of 3 therapy sessions over 3 weeks. The requested service is not a recommended treatment for shoulder pain and therefore the request is not medically necessary.

Quickdraw lumbar spine support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.

Bilateral knee supports: 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), Knee and Leg Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 338.

Decision rationale: The ACOEM chapter on knee complaints states according to table 13-3 that meniscal tears/injuries, collateral ligament strains and cruciate ligament tears are indication for the optional use of knee braces in treatment. The patient does have the diagnosis of meniscal tear on the left but no such diagnosis on the right. Therefore bilateral knee braces would not be medically indicated and the request is not certified.