

Case Number:	CM15-0130608		
Date Assigned:	07/17/2015	Date of Injury:	01/31/2014
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

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 39-year-old male who sustained an industrial injury on 01/31/14. He reported left knee pain after lifting. Current diagnoses include status post left knee anterior cruciate ligament reconstruction with debridement 05/2014. Diagnostic testing and treatments to date have included MRI, knee surgery, physical therapy, and pain medication management. In an available recent progress note dated 04/28/15, the injured worker complains of intermittent left knee pain, which increases with prolonged walking or standing, extending/flexing, stooping, and using stairs. He has tenderness to palpation of the anterior knee with muscle spasm. Requested treatments include Extracorporeal Shockwave Therapy (Unspecified Visits). The injured worker is under temporary total disability until re-evaluation 05/28/15. Date of Utilization Review: 06/08/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy (Unspecified Visits): 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 chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339.

Decision rationale: The ACOEM chapter on knee complaints states: Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, and biofeedback have no scientifically proven efficacy in treating acute knee symptoms. The ODG also does not recommend shockwave therapy for the knee. Therefore based on the lack of recommendation for treatment of knee pain, the request is not medically necessary.