

Case Number:	CM15-0143288		
Date Assigned:	08/04/2015	Date of Injury:	07/03/2013
Decision Date:	09/01/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/24/2015

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: 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:

The injured worker is a 40-year-old male who sustained a work related injury July 3, 2013. History included status post right knee partial medial meniscectomy July 7, 2014. An MRI of the right knee, dated February 5, 2015, (report present in the medical record) revealed a small focal tear near the junction of the anterior horn and body of the lateral meniscus with extension to the superior articular surface and into the substance of the anterior horn to the anterior root attachment; focal fraying of the inferior articular surface at the junction of the body and posterior horn without evidence of a discrete tear; mild to moderate chondral thinning at the inferior pole of the patella without focal defect or marrow abnormalities. According to a primary treating physician's progress report, dated June 11, 2015, the injured worker presented with complaints of pain, rated 5 out of 10, and swelling at patellar, which remains refractory to physical therapy (completed 12 post-operative sessions), injection, ice, and activity modification. Objective findings included; tenderness of the right knee, no signs of infection, motion 0-100 degrees and tenderness and swelling at patellar tendon. Diagnoses are status post right knee arthroscopy April 20, 2015; patellar tendonitis. At issue, is the request for authorization for twelve sessions of extra corporeal shock wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) extra-corporeal shock wave therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Extracorporeal Shock-wave Therapy (ESWT).

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 Chapter/Shock Wave Therapy Section.

Decision rationale: The MTUS Guidelines do not address the use of extracorporeal shock wave therapy to the lumbar spine. The ODG does not recommend the use of shock wave therapy as the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. The request for twelve (12) extra-corporeal shock wave therapy sessions is determined to not be medically necessary.