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| Case Number: | CM15-0168045 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 08/21/2011 |
| Decision Date: | 10/14/2015 | UR Denial Date: | 07/27/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This 48-year-old male sustained an industrial injury on 8-21-11. Diagnoses include knee pain and meniscectomy. Treatments to date include MRI testing, injections, knee surgery, and physical therapy and prescription pain medications. The injured worker has continued complaints of low back, left knee, right arm and shoulder pain. The pain has affected the injured worker's activity level. The injured worker has remained off work. Upon examination of the right knee, medial joint line tenderness was noted. Clark's test and McMurray's tests were positive. Patellofemoral crepitus was noted. Documentation reports right knee ranging from 6 to 9 out on a scale of 10. A request for Pain management consultation and Extracorporeal shockwave therapy was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: This patient sustained a low back injury in August 2011 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Pain management consultation is not medically necessary and appropriate.

Extracorporeal shockwave therapy: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shock wave therapy (ESWT), page 303.

Decision rationale: ACOEM and MTUS are silent on use of ESWT for the knee joint. ODG states ESWT to be under study for patellar tendinopathy and long-bone hypertrophic nonunions, indicating some viability with other data suggesting ineffective treatment compared to current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. There is no recommendation for the diagnoses pertaining to this patient including knee pain s/p meniscectomy. Submitted reports have not demonstrated specific indication, clinical findings, or diagnoses to support for extracorporeal shock wave therapy. Additionally, reports have not documented any functional improvement or pain relief from treatment already rendered. The Extracorporeal shockwave therapy is not medically necessary and appropriate.