

Case Number:	CM15-0181076		
Date Assigned:	09/22/2015	Date of Injury:	06/11/2010
Decision Date:	10/27/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 -year-old female who sustained an industrial injury on June 11, 2010. Diagnosis is stated as status post right total knee arthroplasty, performed in November 2014. Documented treatment includes the right total knee replacement arthroplasty; physical therapy; unspecified injections; activity modification; use of a TENS unit which helps reduce pain; home exercises; and, medication including Tramadol ER, Naproxen, and Pantoprazole. The July 24, 2015 physician progress note states that the injured worker's condition has been "refractory" to these treatments. The injured worker continues to report right knee pain rated as 7 on July 24, 2015, and August 19, 2015 it was 6 out of 10. She reports instability and having some near falls. The physician noted tenderness with 0-100 degree range of motion and stated she showed "difficulty and decline in range of motion." The treating physician's plan of care includes shockwave therapy for the right knee, 5 mm depth for 5 sessions, which was denied on August 21, 2015. The injured worker's current work status is temporarily, partially disabled and she has not been working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the right knee 5mm depth 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The claimant sustained a work injury in June 2010 and underwent a right total knee replacement in November 2014. She continues to be treated for knee pain and compensatory low back pain. When seen, knee pain was rated at 6/10. There was right knee tenderness with decreased range of motion with flexion of 100 degrees. There were lumbar paraspinal and right calf muscle spasms. Shockwave treatments were requested to improve range of motion and address issues related to scar tissue. Extracorporeal shock wave therapy is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. It is not currently recommended. The claimant does not have either of these conditions. There are other available treatments for her decreased knee range of motion. The request for shockwave treated is not considered medically necessary.