

Case Number:	CM15-0192499		
Date Assigned:	10/06/2015	Date of Injury:	04/17/2013
Decision Date:	11/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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: Connecticut, California, Virginia
 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 35 year old, male who sustained a work related injury on 4-17-13. A review of the medical records shows he is being treated for low back and left knee pain. Treatments have included home exercises. Current medications include topical creams. In the progress notes, the injured worker reports intermittent, moderate left knee pain. He describes the pain as sharp, stabbing and achy. He rates his pain a 5 out of 10. In the objective findings dated 8-11-15, he has left knee flexion to 150 degrees and 0 degrees extension. He has no pain. There are no positive orthopedic tests. The EMG-NCV studies of lower extremities dated 6-3-15 reveals a "normal electromyography study" and "without evidence of radiculopathy." Working status not noted. The treatment plan includes requests for an orthopedic surgeon consult, for shock wave therapy to left knee and to continue home exercises The Request for Authorization dated 9-11-15 has requests for orthopedic surgeon consult, physical therapy to lumbar spine and shock wave therapy to left knee. In the Utilization Review dated 9-1-15, the requested treatment of shock wave therapy x 4 sessions to left knee is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 4 sessions Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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) knee chapter, ESWT.

Decision rationale: The ODG provides the preferred mechanism for assessing clinical necessity in this case. The guidelines state that shockwave therapy is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. Overall, this patient's diagnosis is knee strain rule-out derangement, and with little evidence to support the use of shockwave therapy even in more clearly diagnosed patellar tendinopathy, there is no indication for medical necessity in this case. The request is not medically necessary.