

Case Number:	CM15-0196963		
Date Assigned:	10/12/2015	Date of Injury:	05/08/2013
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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:

The injured worker is a 52 year old male, who sustained an industrial injury on 5-8-2013. The injured worker was being treated for status post right knee arthroscopy in February 2014, right knee moderately severe osteoarthropathy, rule out internal derangement right knee, and right patellar tendinitis. Medical records (8-20-2015 to 9-12-2015) indicate ongoing right knee pain with decreasing knee range of motion. The injured worker reported refractory patellar tendinitis. The medical records (8-20-2015 to 9-12-2015) show the subjective pain rating shows no improvement from 8 out of 10. The physical exam (9-12-2015) reveals right knee tenderness, well-healed incisions, and no signs of infection. There is a lack of 10 degrees of extension, flexion of 90 degrees, 1+ effusion, medial and lateral joint line tenderness, and crepitance with range of motion. There is right calf musculature spasm, right patellar swelling and tenderness, and pain with extension at the right knee, patellar tendon. Diagnostic studies were not included in the provided medical records. Treatment has included home exercises, a transcutaneous electrical nerve stimulation (TENS) unit, injection, activity modifications, and medications including pain, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (9-12-2015 report), the injured worker is temporarily partially disabled with restrictions that include no prolonged weight bearing, squatting, kneeling, or climbing on the right knee. The requested treatments included 5 sessions of extracorporeal shockwave therapy for the right knee. On 9-16-2015, the original utilization review non-certified a request for 5 sessions of extracorporeal shockwave therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 sessions of extracorporeal shockwave therapy for the right knee: 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 & Leg, Extracorporeal shock wave therapy.

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

Decision rationale: MTUS is 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. However, new data presented 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. Submitted reports have not demonstrated specific indication, clinical findings, or extenuating criteria to support for extracorporeal shock wave therapy outside guidelines recommendations. The 5 sessions of extracorporeal shockwave therapy for the right knee is not medically necessary and appropriate.