

Case Number:	CM15-0025183		
Date Assigned:	02/17/2015	Date of Injury:	05/08/2012
Decision Date:	04/20/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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 64-year-old female who reported an injury on 05/08/2012. The mechanism of injury was not stated. The current diagnoses include lumbosacral musculoligamentous sprain with radiculitis, left knee meniscal tear, status post left knee arthroscopic meniscectomy, and left knee degenerative joint disease with tendinitis. The injured worker presented on 12/11/2014 for a follow up evaluation with complaints of low back and left knee pain. Upon examination, there was tenderness to palpation over the paraspinal muscles as well as the left knee. There were no changes on the neurocirculatory examination noted. Recommendations included physical therapy for the lumbar spine, acupuncture for the left knee, and continuation of the current medication regimen. The injured worker was referred for extracorporeal shockwave therapy for the bilateral knees as well as an MRI of the low back and left knee. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy 1x wk x 4 wks bilateral knees: 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), Treatment Index, 11th Edition (web), 2014, Knee & Leg (Acute & Chronic).

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 Chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: According to the Official Disability Guidelines, extracorporeal shockwave therapy is currently under study for patellar tendinopathy and for long bone hypertrophic nonunion. In this case, the injured worker does not maintain either of the above mentioned diagnoses. There was no significant abnormality noted upon examination. Given the above, the request is not medically appropriate.

Physical therapy 2 x wk x 6 wks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99-100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy would exceed the guidelines' recommendations. There was also no documentation of a significant abnormality upon examination. As such, the request is not medically appropriate.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There was no mention of a recent attempt at any conservative management for the left knee. Additionally, the physical examination only revealed tenderness to palpation. Given the above, the medical necessity has not been established. As such, the request is not medically appropriate.