

Case Number:	CM15-0028240		
Date Assigned:	02/20/2015	Date of Injury:	01/02/2014
Decision Date:	05/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 68-year-old male, who sustained an industrial injury on 1/02/2014. Diagnoses include lumbar spine sprain, left shoulder rotator cuff tear, right shoulder rotator tear, Treatment to date has included activity modification and medications. Per the handwritten Primary Treating Physician's Progress Report dated 1/15/2015, the clinical notes are mostly illegible. Physical examination revealed decreased range of motion, the rest of the note is illegible. The plan of care included and authorization was requested for medications, pain management referral, physical therapy, acupuncture, medical foods, urinalysis, follow-up care, and shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Initial Ortho Shockwave Therapy for the left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: PR-2 submitted with the request for authorization was handwritten and illegible. The Official Disability Guidelines do not recommend shockwave therapy. The available evidence does not support the effectiveness of ultrasound or shock wave for treatment of orthotic knee issues. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Six (6) Initial Ortho Shockwave Therapy for the left Knee is not medically necessary.