

Case Number:	CM15-0029197		
Date Assigned:	02/23/2015	Date of Injury:	09/30/2001
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; a left knee total knee arthroplasty; and unspecified amounts of physical therapy over the course of the claim. On January 23, 2015, the claims administrator failed to approve a request for extracorporeal shockwave therapy and an internist/internal medicine follow-up visit. The claims administrator referenced a January 7, 2015 progress note in the determination. The claims administrator did note that the applicant had various comorbidities, including TMJ, gastritis, hypertension, depression, and anxiety. The applicant's attorney subsequently appealed. In a January 14, 2015 RFA form, extracorporeal shockwave therapy was sought for the bilateral knees, along with extracorporeal shockwave therapy for the right ankle. The applicant was given diagnoses of left knee arthritis status post left knee total knee arthroplasty and right knee pain status post right knee surgery. In an associated progress note of January 7, 2015, handwritten, difficult to follow, not entirely legible, physical therapy, an internal medicine evaluation, a psychological evaluation, a pain management evaluation, an orthopedic evaluation, and a dental evaluation were endorsed while the applicant was kept off of work, on total temporary disability, for six weeks. The attending provider stated that he wished the internist to address 'GI issues,' but did not elaborate what said GI issues were (if any).

IMR ISSUES, DECISIONS AND RATIONALES

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

Three 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Knee Specific Diagnoses Patellar Tendinosis, Patellar Tendinopathy Extracorporeal Shockwave Therapy ('Shockwave') Extracorporeal shockwave therapy (ESWT) has been utilized for treatment of tendinosis, especially in the shoulder and ankle. It has been documented to have efficacy for treatment of calcific tendinitis in the shoulder (see Shoulder Disorders chapter).(2208-2213)Recommendation: Extracorporeal Shockwave Therapy for Patellar Tendinosis There is no recommendation for or against the use of extracorporeal shockwave therapy for treatment of patellar tendinosis. Strength of Evidence No Recommendation, Insufficient Evidence (I).

Decision rationale: As noted in the Third Edition ACOEM Guidelines Knee Chapter, there is 'no recommendation' for or against usage of extracorporeal shockwave therapy for patellar tendinopathy. Here, however, the attending provider did not state what the applicant's operating diagnosis was. The attending provider did not state why extracorporeal shockwave therapy was being employed. The admittedly limited information on file, which comprised largely of preprinted checkboxes, seemingly suggested that the applicant's primary pain generator was knee arthritis as opposed to knee tendinitis. The attending provider did not, in short, furnish any clear, compelling, or cogent applicant-specific rationale which would augment the tepid ACOEM position on the article at issue. Therefore, the request was not medically necessary.

Three extracorporeal shockwave therapy for the left 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Knee Specific Diagnoses Patellar Tendinosis, Patellar Tendinopathy Extracorporeal Shockwave Therapy (“Shockwave”) Extracorporeal shockwave therapy (ESWT) has been utilized for treatment of tendinosis, especially in the shoulder and ankle. It has been documented to have efficacy for treatment of calcific tendinitis in the shoulder (see Shoulder Disorders chapter).(2208-2213)Recommendation: Extracorporeal Shockwave Therapy for Patellar Tendinosis There is no recommendation for or against the use of extracorporeal shockwave therapy for treatment of patellar tendinosis. Strength of Evidence No Recommendation, Insufficient Evidence (I).

Decision rationale: No, the request for three sessions of extracorporeal shockwave therapy for the knee is not medically necessary, medically appropriate, or indicated here. As noted in the

Third Edition ACOEM Guidelines Knee Chapter, there is 'no recommendation' for or against usage of extracorporeal shockwave therapy for patellar tendinopathy. Here, however, the attending provider did not state what the applicant's operating diagnosis was. The attending provider did not state why extracorporeal shockwave therapy was being employed. The admittedly limited information on file, which comprised largely of preprinted checkboxes, seemingly suggested that the applicant's primary pain generator was knee arthritis as opposed to extracorporeal shockwave therapy. The attending provider did not, in short, furnish any clear, compelling, or cogent applicant-specific rationale which would augment the tepid ACOEM position on the article at issue. Therefore, the request was not medically necessary.

One follow-up with internal medicine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Finally, the request for one follow-up visit with an internal medicine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that a referral may be appropriate when a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery, in this case, however, the attending provider stated that he wished for the applicant to consult an internist to address unspecified GI issues. The attending provider did not, thus, outline what precisely he wished the applicant to consult an internist for and/or what condition or conditions he intended for the internist to address. The January 7, 2015 progress note did not contain any explicit references to or mention of issues with reflux, heartburn, and/or dyspepsia, it was incidentally noted. Therefore, the request was not medically necessary.