

Case Number:	CM15-0213841		
Date Assigned:	11/03/2015	Date of Injury:	05/20/2015
Decision Date:	12/22/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/30/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 32 year old male, who sustained an industrial-work injury on 5-20-15. A review of the medical records indicates that the injured worker is undergoing treatment for left knee pain, left knee strain and sprain and rule out left knee meniscus tear. Treatment to date has included pain medication, activity modifications, knee brace, acupuncture, physical therapy, hot and cold packs, and other modalities. Medical records dated 8-24-15 indicate that the injured worker complains of constant sharp stabbing pain to the left knee. The pain is rated 9 out of 10 on the pain scale with numbness and tingling. Per the treating physician report dated 8-24-15 the injured worker has returned to work full duties. The physical exam reveals the left knee ranges of motion are painful and there is tenderness to palpation of the medial knee. The physician indicates that he recommends shockwave therapy for the left knee. The requested service included extracorporeal shockwave therapy (ESWT), 3 sessions. The original Utilization review dated 10-21-15 non-certified the request for extracorporeal shockwave therapy (ESWT), 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT), 3 sessions: 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 (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 & Leg, Extracorporeal Shockwave Therapy.

Decision rationale: The MTUS is silent on the use of extracorporeal shockwave therapy (ESWT). Under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. (Wang, 2007) New research suggests that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic nonunions. However, the findings need to be verified, and different treatment protocols as well as treatment parameters should be investigated, including the number of shock waves used, the energy levels applied and the frequency of application. (Cacchio, 2009) 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. (Zwerver, 2010) As the requested treatment is not recommended by the guidelines, it is not medically necessary.