MAXIMUS Federal Services

Case Number:	CM15-0218377		
Date Assigned:	11/10/2015	Date of Injury:	08/30/2013
Decision Date:	12/29/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/05/2015

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 47-year-old who has filed a claim for chronic knee and ankle pain reportedly associated with an industrial injury of August 30, 2013. In a Utilization Review report dated October 8, 2015, the claims administrator failed to approve requests for extracorporeal shock wave therapy and acupuncture. The dates of service of September 17, 2015, September 18, 2015, and September 21, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On October 16, 2015, extracorporeal shock wave therapy to the ankle was performed. On October 23, 2015, extracorporeal shock wave therapy was again performed in the ankle. The stated diagnosis was that of Achilles tendonitis / bursitis. The applicant received acupuncture on multiple dates of service, including October 8, 2015, October 12, 2015, and October 15, 2015. On September 18, 2015, the applicant received extracorporeal shock wave therapy for a stated diagnosis of patellar tendonitis. On an RFA form dated September 11, 2015, extracorporeal shock wave therapy and acupuncture were sought. On an associated progress note dated September 11, 2015, the applicant reported multifocal complaints of ankle and foot pain with derivative issues with psychological stress and sleep disturbance. The applicant had undergone prior ankle surgery on April 24, 2014 and did report ongoing issues with depression. The applicant was on Motrin and unspecified antidepressants, the treating provider reported. Work restrictions were endorsed. The treating provider suggested, in one section of the note, that the applicant was working with her original employer. On an earlier note dated May 12, 2014, however, the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Extracorporeal shockwave therapy, knee (dos 9/18/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 940.

Decision rationale: While the MTUS does not specifically address the topic of extracorporeal shock wave therapy for the knee, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound, of which the extracorporeal shock wave therapy in question is a subset, is deemed "not recommended" in the chronic pain context present here. The Third Edition ACOEM Guidelines Knee Disorders Chapter further notes that there is "no recommendation" for or against the usage of extracorporeal shock wave therapy for the treatment of patellar tendonitis, i.e., the stated diagnosis here. Neither the attending provider's September 11, 2015 office visit nor the September 18, 2015 procedure note set forth a clear or compelling rationale for selection of this modality in the face of the tepid-to-unfavorable ACOEM and MTUS positions on the same. Therefore, the request was not medically necessary.

Retrospective Elec Acupuncture, times 2 (dos 9/17/15, 9/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Similarly, the request for 2 sessions of acupuncture performed on September 17, 2015 and September 21, 2015 was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, the attending provider failed to outline clear or compelling evidence of functional improvement as defined in section 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. The applicant remained dependent on oral analgesics to include Motrin, the treating provider reported on September 11, 2015, and topical agents to include topical capsaicin, the treating provider noted on acupuncture procedure notes of October 5, 2015, October 8, 2015, and October 12, 2015. Ongoing use of acupuncture failed to curtail the applicant's dependence on other modalities to include the extracorporeal shockwave therapy at issue. All of the foregoing, taken together, suggested that the applicant had effectively plateaued in terms of the functional improvement measures set forth in section 9792.20e following receipt of earlier unspecified amounts of acupuncture through the date of the request. Therefore, the request for additional acupuncture was not medically necessary.