

Case Number:	CM15-0054749		
Date Assigned:	03/30/2015	Date of Injury:	03/30/2012
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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: Iowa

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 62 year old female, who sustained an industrial injury on 03/30/2012. She has reported injury to the bilateral knees. The diagnoses have included bilateral knee meniscal tear; status post right knee arthroscopic surgery, total medial meniscectomy, and chondroplasty of the medial femoral condyle on 10/23/2014; and myofascial pain syndrome-cervical spine and lumbar spine. Treatment to date has included medications, injections, physical therapy, extracorporeal shockwave treatment, and surgical intervention. A progress note from the treating physician, dated 12/09/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsened right knee pain and numbing on toes. Objective findings included right knee with limited extension; and tenderness to palpation of the right knee. The treatment plan has included the request for Ortho shockwave therapy, right knee only, which was documented on a 2/5/2015 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho shockwave therapy; right knee only: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Extracorporeal Shock Wave Therapy.

Decision rationale: MTUS does not provide recommendations regarding extracorporeal shockwave therapy (ESWT) for knee complaints. ODG states that ESWT is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. Some new research has shown positive results, 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. The medical documentation indicates that the patient has undergone ESWT for multiple other indications, including for myofascial pain syndrome of the spine. This indication appears to be for postoperative knee complaints. The physician performing the ESWT provides an extensive list of research justification for the therapy, but the accuracy and applicability of this data cannot be determined. The documentation also mentions that the patient has exhausted conservative therapies, but the primary treating physician provides limited information for the recommended therapy. Established evidence-based guidelines clearly do not provide a recommendation for this therapy. Therefore, the request for Ortho Shockwave Therapy; right knee only, is not medically necessary.