

Case Number:	CM15-0059588		
Date Assigned:	04/06/2015	Date of Injury:	11/22/2006
Decision Date:	05/04/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained an industrial injury on 11/22/06. He subsequently reported knee pain. Diagnoses include lumbosacral radiculitis and tear in lateral cartilage and or meniscus of the knee. Diagnostic testing has included MRIs. Diagnoses include degenerative disc disease, lumbar spinal stenosis, radiculopathy and bilateral knee sprain. Treatments to date have included surgery, physical therapy, chiropractic care, injections and prescription pain medications. The injured worker continues to experience knee and shoulder pain. A request for Shockwave Therapy to The Right Shoulder and right knee and Cyclobenzaprine medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy to The Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder chapter and pg 15.

Decision rationale: According to the guidelines, shockwave therapy may be used for patients with calcifying tendinitis of the shoulder with inhomogeneous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. In this case, the clinical notes did not substantiate the need for shockwave therapy. There was no mention of calcifying tendonitis. The request for shock wave therapy is not medically necessary.

Shockwave Therapy to The Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and pg 25.

Decision rationale: According to the guidelines, shockwave therapy is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In this case, there is no indication of the above diagnoses. The shockwave request was not substantiated and not medically necessary.

Cyclobenzaprine HCL Tabs 7.5 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with Hydrocodone and Gabapentin. Continued and long term use is not medically necessary.