

Case Number:	CM14-0000390		
Date Assigned:	01/17/2014	Date of Injury:	03/14/2012
Decision Date:	06/26/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old male who reported an injury on 03/14/2012. The mechanism of injury was not provided within the submitted medical records. It was revealed within the medical records provided that the injured worker had completed 8 acupuncture treatments of the right knee and completed 22 visits of physical therapy for the right knee. Within the clinical note dated 01/13/2014, it was revealed that the injured worker complained of right knee pain rated 8/10 with constant popping when walking greater than 15 minutes. The documentation within the physical exam was illegible. The diagnoses included osteoarthritis of the right knee, insomnia, and the rest of the diagnoses were illegible. The request for authorization was dated 11/22/2013 with rationale not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY 1 TIME PER WEEK TIMES 3-6 WEEKS 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 Non-MTUS ODG TWC Shoulder.

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

(Acute & Chronic), Extracorporeal shock wave therapy (ESWT). and American College of Sports Medicine Meeting.

Decision rationale: The request for extracorporeal shockwave therapy 1 x/wk x3-6 wks/6 treatments for right knee is non-certified. The Official Disability Guidelines state extracorporeal shockwave therapy is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. 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. 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. Given the limited assessment to show any deficit of the injured workers knee, lack of research from the guidelines to support a recommendation for the request, and a lack of a diagnoses mentioned with the guidelines that would indicate a recommend utilization of ESWT, the request cannot be supported by the guidelines. As such, the request for extracorporeal shockwave therapy 1 x/wk x3-6 wks/6 treatments for right knee is not medically necessary.