

Case Number:	CM14-0118658		
Date Assigned:	09/16/2014	Date of Injury:	08/17/2009
Decision Date:	10/20/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational Medicine 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 patient is a 57 year old male who was injured on 08/17/2009. The mechanism of injury is unknown. The patient underwent left knee surgery on 10/23/2013. According to the UR, the patient presented to the office on 06/25/2014 with complaints of right hip pain and left knee pain. On exam, she was noted to have mid anterior and mid lateral calf pain and ankle pain on the right side. She was diagnosed with right hip strain and failed left knee surgery. The patient was recommended for shockwave therapy of the right thigh once weekly for three weeks and a pain medicine follow-up. Prior utilization review dated 07/18/2014 states the request for 3 Sessions of shockwave therapy (through [REDACTED]) is denied as there is a lack of documented evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Sessions of shockwave therapy (through [REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Given the lack of evidence-based guideline support for treatment of hip strains with shockwave therapy, the request for 3 sessions of shockwave therapy is recommended non-certified.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.
Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG);
Extracorporeal shockwave therapy

Decision rationale: This is a request for 3 visits of shockwave therapy apparently for hip pain in a 57-year-old male. According to MTUS and ODG guidelines, shockwave therapy is only recommended for calcific tendinitis of the shoulder. While the patient does have documentation of left shoulder rotator cuff repair in 2012, there is no documentation of calcific tendinitis nor is a specific rationale provided for this treatment request. Medical necessity is not established.