

Case Number:	CM14-0168803		
Date Assigned:	10/16/2014	Date of Injury:	10/07/2004
Decision Date:	11/18/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/13/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 78 year-old with a date of injury of 10/07/04. A progress report associated with the request for services, dated 08/19/14, identified subjective complaints of neck, shoulder, wrist, ankle, mid and low back, and bilateral knee pain. Objective findings included tenderness to palpation of all the affected areas and joints. Range of motion was decreased. Diagnoses (paraphrased) included cervical and lumbar disc disease and facet syndrome; bilateral foot sprain/strain; internal derangement of both knees; and osteoarthritis of both shoulders. Treatment had included right knee arthroscopy. Medications were dispensed. The duration of therapy was unclear. A Utilization Review determination was rendered on 09/23/14 recommending non-certification of "18 acupuncture sessions for the bilateral knees; 6 shockwave therapy sessions for the lumbar spine; and 3 shockwave therapy sessions for the bilateral knees".

IMR ISSUES, DECISIONS AND RATIONALES

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

18 acupuncture sessions for the bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that acupuncture is used as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It further states that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range-of-motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The frequency and duration of acupuncture is listed as:- Time to produce functional improvement: 3 to 6 treatments.- Frequency: 1 to 3 times per week.- Optimum duration: 1 to 2 months.The request exceeds the frequency Guidelines for acupuncture therapy. Necessity for sessions that exceed the Guidelines would require evidence of functional improvement. Therefore, there is no documented medical necessity for acupuncture as requested.

6 shockwave therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) regarding Shockwave therapy

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address extracorporeal shock wave therapy (ESWT). The Official Disability Guidelines (ODG) states that shock wave therapy of the back is not medically necessary.

3 shockwave therapy sessions for the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) regarding shockwave therapy (knees)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 371; 29, 40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Extracorporeal Shock Wave Therapy (ESWT)

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address extracorporeal shock wave therapy (ESWT) of the knee. They do note that there is limited evidence as to the efficacy in other areas such as plantar fasciitis. Likewise, they also note no value with ESWT of the elbow. The Official Disability Guidelines (ODG) states that ESWT is ineffective for treating patellar tendinopathy compared to the current standard of care. It is a viable alternative to surgery for long-bone hypertrophic nonunion. Therefore, there is insufficient evidence in the Guidelines for the medical necessity of extracorporeal shock wave therapy of the knees. The request is not medically necessary.