

Case Number:	CM14-0095968		
Date Assigned:	09/10/2014	Date of Injury:	11/08/2010
Decision Date:	10/16/2014	UR Denial Date:	06/15/2014
Priority:	Standard	Application Received:	06/24/2014

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 Nevada. 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 records presented for review indicate that this 39-year-old female was reportedly injured on November 8, 2010. The most recent progress note, dated June 6, 2014, indicates that there are ongoing complaints of back pain with radicular symptoms, bilateral knee pain, anxiety, and depression. The physical examination demonstrated a mild effusion of the right knee with well-healed incisions. Range of motion was from 0 to 120 and there was a stable varus and valgus stress test. Diagnostic imaging studies of the lumbar spine revealed disc bulges from L3 - L5. Previous treatment includes right knee surgery. A request had been made for five sessions of extracorporeal shockwave therapy and a follow-up session 2 weeks after left knee surgery and was not medically necessary in the pre-authorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy x 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Regarding Post-Operative Rehabilitation for the Left Knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment

Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic):
Extracorporeal Shock Wave Therapy (ESWT)

Decision rationale: According to the Official Disability Guidelines Extracorporeal Shock Wave Therapy is only indicated for adhesive capsulitis of the shoulder. This request does not indicate what body part is intended for treatment. As such, this request for Extracorporeal Shock Wave Therapy is not medically necessary.

Associated Surgical Service: 1 Follow up 2 Weeks Post-Surgery to Begin Rehab L Knee 1 x 4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Office Visits

Decision rationale: Associated Surgical Service: According to the Official Disability Guidelines Physician office, visits should be determined by patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As the injured employee has had a recent right knee surgery, a two-week follow-up after surgery prior to starting physical therapy is medically necessary.