

Case Number:	CM14-0136729		
Date Assigned:	09/03/2014	Date of Injury:	08/28/2006
Decision Date:	05/01/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 61 year old male who sustained an industrial injury on 08/26/06. Initial complaints and diagnoses are not available. Diagnostic studies include MRIs of the lumbar and thoracic spine and the left knee, as well as an Anatomical Impairment Measurement Report. Current complaints are not available. No provider progress notes are available. The plan of care is not available. The requested treatments are shockwave treatments to the left knee and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Shockwave Therapy visits for the Left Knee and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints Page(s): 298-300; 337. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: Overview of the management of overuse (chronic) tendinopathy.

Decision rationale: At issue in this review is the request for 8 shock wave therapy visits for the left knee and lumbar spine. The appropriate use of shock wave therapy for treating soft tissue injury remains a source of debate and reviews have mixed conclusions about its effectiveness. A 2015 systematic review concluded that there is moderate evidence for the effectiveness of shock wave therapy for the treatment of greater trochanteric pain syndrome, patellar tendinopathy, and Achilles tendinopathy. This injured worker was not diagnosed with tendinopathy and the medical necessity for 8 shock wave therapy visits is not substantiated in the records. Therefore, the request is not medically necessary.