

Case Number:	CM14-0201766		
Date Assigned:	12/12/2014	Date of Injury:	08/13/2012
Decision Date:	01/30/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hip pain reportedly associated with an industrial injury of August 13, 2012. In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve a request for extracorporeal shockwave therapy for the hip. The claims administrator referenced on November 20, 2014 progress note, in its denial. The applicant's attorney subsequently appealed. Much of the information on file, it is incidentally noted, comprised of the applicant's general health record as opposed to the applicant's workers' compensation medical records. In an October 16, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities with ancillary complaints of knee and hip pain. Lumbar MRI imaging, psychology consultation, viscosupplementation injection therapy for the knee, Norco, Relafen, and Prilosec were endorsed, while the applicant was kept off of work, on total temporary disability. In an earlier note dated September 18, 2014, the applicant reported ongoing complaints of low back, hip, and knee pain. An MR arthrogram of the knee and visco supplementation injections was sought, while the applicant was kept off of work, on total temporary disability. Psychology/psychiatry consultation was endorsed. The note was very difficult to follow. On August 28, 2014, the applicant's primary treating provider noted that the applicant had undergone an earlier knee arthroscopy procedure. In a handwritten note dated July 25, 2014, the applicant was again asked to pursue viscosupplementation injection therapy for the knee, acupuncture, Relafen, Prilosec, and topical compound while remaining off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low Energy Extracorporeal Shockwave Therapy for the Left Hip: 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), Pain, ESWT

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Ultrasound, Physical Medicine Page(s): 123; 98. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Extracorporeal Shockwave Therapy

Decision rationale: Extracorporeal shockwave therapy is a subset of therapeutic ultrasound. However, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound is "not recommended" during the chronic pain phase of the claim. Similarly, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines takes position on passive modalities such as the ESWT at issue, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Finally, the Third Edition ACOEM Guidelines note that, for most body parts, there is evidence that ESWT is ineffective. Here, the attending provider's handwritten progress notes contained little-to-no applicant-specific rationale or medical evidence which would offset the unfavorable MTUS and ACOEM positions on article at issue. Therefore, the request is not medically necessary.