MAXIMUS Federal Services

Case Number:	CM14-0217080		
Date Assigned:	01/06/2015	Date of Injury:	03/30/2012
Decision Date:	03/06/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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: California
Certification(s)/Specialty: Family Practice

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 62-year-old female, with a reported date of injury of 03/30/2012. The results of the injury were bilateral knee pain, low back pain, and neck pain. The current diagnosis includes right medial meniscus tear. The past diagnoses include bilateral knee with multiple tear meniscus and anterior cruciate ligament, status post bilateral knee arthroscopy. Treatments have included chiropractic treatment, extracorporeal shockwave therapy on 12/26/2012, electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities on 06/17/2014, right knee arthroscopy, total medial meniscectomy, and chondroplasty of the medial femoral condyle on 10/23/2014, a cane, a topical compound cream, and oral pain medications. The chiropractic progress report dated 12/09/2014 indicates that the injured worker's right knee pain was worse, and that there was numbness of the toes. It was noted that the adjustments helped. The objective findings included limited right knee extension. The treating provider recommended right knee shockwave therapy. The reason/rationale for the shockwave therapy was not indicated.On 12/15/2014, Utilization Review (UR) denied the request for four (4) extracorporeal shockwave therapy (ESWT) sessions for the right knee. The UR physician noted that there was no documentation of pain level, range of motion, motor, functional deficits, or orthopedic tests and the requested number of sessions is excessive. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) sessions of in house knee ESWT (extracorporeal shockwave therapy): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Extracorporeal shock wave therapy (ESWT)

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

Decision rationale: This patient receives treatment for chronic right knee pain that persists after meniscectomy and chondroplasty surgery. Although the patient received ESWT therapy previously in 2012, the documentation fails to address what benefit the ESWT provided. At the time of this newer request for ESWT, the documentation does not state what is the level of function, the current level of pain, or the ROM of the knee. In addition, ESWT is not medically indicated to treat knee pain that occurs after surgical meniscectomy, as it is considered experimental at this time due to a lack of efficacy shown in well designed clinical trials. Additional ESWT is not medically indicated.