

Case Number:	CM15-0115198		
Date Assigned:	06/23/2015	Date of Injury:	07/31/2007
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/15/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on 7/3/07. She has reported initial complaints of neck, right shoulder, low back and left knee injuries with pain. The diagnoses have included cervical muscle injury with right upper extremity radicular symptoms, lumbar muscle injury with bilateral lower extremity radicular symptoms, status post closed head injury secondary to a fall, right shoulder internal derangement, right knee internal derangement status post arthroscopic surgery, left knee internal derangement and left hip internal derangement. Treatment to date has included medications, activity modifications, off work, diagnostics, orthopedic consultation, physical therapy, acupuncture, trigger point injections, steroid injections and home exercise program (HEP). Currently, as per the physician progress note dated 3/19/15, the injured worker complains of increased pain in the left lower lumbar region that radiates to the left leg and groin. He also complains of left hip pain that radiates to the groin. Physical exam revealed positive groin pain, painful knees and difficult to ambulate. She received a steroid injection to the right knee on 3/19/15 and the left knee on 4/29/15. The diagnostic testing that was performed included X-ray of the right knee dated 5/16/15 that reveals degenerative osteophytes, sclerosis, joint space narrowing, and globular calcifications suggestive of chondrocalcinosis. X-ray of the cervical spine dated 11/5/13 reveals degenerative osteophytes and degenerative osteosclerosis. X-ray of the left knee dated 11/5/13 reveals degenerative osteophytes and degenerative osteosclerosis. X-ray of the lumbar spine dated 11/5/13 reveals degenerative osteophytes. The physician progress note dated 4/29/15 the injured worker returns

for evaluation and treatment. The objective findings reveal that the cervical spine shows tenderness to palpation with muscle rigidity, numerous trigger points and tenderness, decreased range of motion, decreased motor strength and decreased pinprick sensation noted along the right arm and forearm C5-6 distribution. The right shoulder exam reveals tenderness and decreased range of motion. The lumbar spine exam reveals tenderness with increased muscle rigidity, numerous palpable trigger points, decreased range of motion with muscle guarding and sensory exam with pinprick is decreased along the thigh and calf bilaterally. The straight leg raise in modified sitting position is positive bilaterally. The bilateral knee exam reveals tenderness with mild tissue swelling. The left hip exam reveals pain with internal and external rotation as well as positive Fabere's maneuver. The physician requested treatments included Trial of electro shockwave therapy and Somatosensory testing evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of electro shockwave therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Extracorporeal shock wave therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: Although the MTUS is silent, the cited ACOEM references regarding electro shockwave therapy in treatment of musculoskeletal injury (including elbow, knee and shoulder), indicate that despite "quality studies being available on extracorporeal shockwave therapy in acute, subacute, and chronic" conditions... "benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy [Evidence (A), Strongly Recommended Against]." Due to lack of supporting evidence indicating clinical efficacy in the IW's conditions, this intervention is not medically necessary.

Somatosensory testing evaluation and treatment: 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), Low Back, Evoked potential studies.

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/ evoked potential studies (somatosensory testing).

Decision rationale: While MTUS and ACOEM guidelines do not comment, ODG guidelines states that somatosensory testing is "recommended as a diagnostic option for unexplained myelopathy... not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic". Based on these criteria guidelines,

somatosensory testing do not meet the clinical criteria in this patient do to the fact that there is no documentation of unexplained myelopathy. Consequently testing is not medically necessary at this time.