

<b>Case Number:</b>	CM15-0121125		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	04/21/2003
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	05/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old male, who sustained an industrial injury on 04/21/2003, secondary to constantly getting up and walking on a roof where he was supervisor and working as well resulting in right knee pain and swelling. On provider visit dated 05/19/2015 the injured worker has reported right knee pain, and left knee pain. On examination of the bilateral knees revealed tenderness to palpation. The diagnoses have included status post scope right knee, right knee degenerative joint disease, left knee degenerative joint disease and left knee chondromalacia. Treatment to date has included surgical intervention, medication and topical creams. The provider on another visit requested unknown electric shockwave therapy, one urine drug screen, one trigger point impedance imaging and one localized intense neurostimulation therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown electric shockwave therapy:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, under Extracorporeal shock wave therapy.

**Decision rationale:** The patient presents on 05/20/15 with bilateral knee pain rated 3/10 at best 7/10 at worst and associated weakness and instability of the joints. The pain is noted to radiate from the back of the knee down into the calf in the right lower extremity. The patient's date of injury is 04/18/03. Patient is status post surgical repair of a patellar fracture circa 2004. The request is for unknown electric shockwave therapy. The RFA was not provided. Physical examination dated 05/20/15 reveals tenderness to palpation of the superolateral border of the patella in the right knee with unrestricted range of motion noted. No physical examination findings of the left knee are included. The patient is currently prescribed a compounded topical medication containing Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethazone, Capsaicin, and Hyaluronic acid. Diagnostic imaging included MRI of the right knee dated 03/29/15, significant findings include: "increase signal in the posterior horn of the medial meniscus may reflect internal degeneration... degenerative marginal osteophytes off bilateral tibial plateau, femoral condyle, intercondylar eminences, and posterosuperior and inferior margin of the patella... degenerative thinning of the cartilage of the patella and trochlea and narrowing of the patellofemoral joint space... knee joint effusion... Baker's cyst... semimembranous tendon tear, partial thickness..." Patient is currently classified as permanent and stationary, current work status is not specified. ODG Knee & Leg chapter, under extracorporeal shock wave therapy has the following: "Under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. New research suggests that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic nonunions. However, the findings need to be verified, and different treatment protocols as well as treatment parameters should be investigated, including the number of shock waves used, the energy levels applied and the frequency of application. New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping." In regard to extracorporeal shockwave therapy for an unspecified knee, the requesting provider has not specified an appropriate power level or a number of sessions to be completed. Guidelines do not support high-energy ESWT, and the provider does not address the desired power level to be applied or to which extremity. This patient's left knee complaint has a formal diagnosis of degenerative joint disease with chondromalacia, his right knee complaint has a formal diagnosis of degenerative joint disease. Recent studies support ESWT for patellar tendinopathy or hypertrophic non-unions, which are not among this patient's diagnoses. Owing to a lack of an appropriate specified power level, desired number of treatments, and the lack of guideline support for this patient's chief complaint, the request as written cannot be substantiated. The request is not medically necessary.

**One urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

**Decision rationale:** The patient presents on 05/20/15 with bilateral knee pain rated 3/10 at best 7/10 at worst and associated weakness and instability of the joints. The pain is noted to radiate from the back of the knee down into the calf in the right lower extremity. The patient's date of injury is 04/18/03. Patient is status post surgical repair of a patellar fracture circa 2004. The request is for one urine drug screen. The RFA was not provided. Physical examination dated 05/20/15 reveals tenderness to palpation of the superolateral border of the patella in the right knee with unrestricted range of motion noted. No physical examination findings of the left knee are included. The patient is currently prescribed a compounded topical medication containing Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethazone, Capsaicin, and Hyaluronic acid. Diagnostic imaging included MRI of the right knee dated 03/29/15, significant findings include: "increase signal in the posterior horn of the medial meniscus may reflect internal degeneration... degenerative marginal osteophytes off bilateral tibial plateau, femoral condyle, intercondylar eminences, and posterosuperior and inferior margin of the patella... degenerative thinning of the cartilage of the patalla and trochlea and narrowing of the patellofemoral joint space... knee joint effusion... Baker's cyst... semimembranous tendon tear, partial thickness..." Patient is currently classified as permanent and stationary, current work status is not specified. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In this case, the provider is requesting a UDS, but has not specified a reason for the request. There is no indication that this patient is currently prescribed narcotic medications, nor is there a stated intent to do so in the future. MTUS does not support the use of urine drug screening except to ensure medication compliance, or at the initiation of a narcotic medication to rule out existing drug use. Without such conditions, a urine drug screening is not necessary and cannot be substantiated. Therefore, the request is not medically necessary.

**One trigger point impedance imaging:** 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).

**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 Chapter, under Trigger Point Impedance Imaging.

**Decision rationale:** The patient presents on 05/20/15 with bilateral knee pain rated 3/10 at best 7/10 at worst and associated weakness and instability of the joints. The pain is noted to radiate from the back of the knee down into the calf in the right lower extremity. The patient's date of injury is 04/18/03. Patient is status post surgical repair of a patellar fracture

circa 2004. The request is for one trigger point impedance imaging. The RFA was not provided. Physical examination dated 05/20/15 reveals tenderness to palpation of the superolateral border of the patella in the right knee with unrestricted range of motion noted. No physical examination findings of the left knee are included. The patient is currently prescribed a compounded topical medication containing Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethazone, Capsaicin, and Hyaluronic acid. Diagnostic imaging included MRI of the right knee dated 03/29/15, significant findings include: "increase signal in the posterior horn of the medial meniscus may reflect internal degeneration... degenerative marginal osteophytes off bilateral tibial plateau, femoral condyle, intercondylar eminences, and posterosuperior and inferior margin of the patella... degenerative thinning of the cartilage of the patella and trochlea and narrowing of the patellofemoral joint space... knee joint effusion... Baker's cyst... semimembranous tendon tear, partial thickness..." Patient is currently classified as permanent and stationary, current work status is not specified. ODG Low Back Chapter, under Trigger Point Impedance Imaging has the following: "Not recommended. See Hyperstimulation analgesia. The Nervomatrix device combines trigger point impedance imaging with hyperstimulation analgesia... Hyperstimulation Analgesia: Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (Nervomatrix Ltd., Netanya, Israel). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization." In regard to the trigger point impedance imaging directed at an unknown location, the requested imaging technique is not yet supported by guidelines. ODG indicates that there are currently only two low quality, manufacturer sponsored studies addressing the effectiveness of such imaging techniques. It is not clear why traditional imaging methods are not adequate to identify any underlying pathology in this patient. Given the lack of firm guideline support for the use of such imaging to improve the course of care, the request as written cannot be substantiated. The request is not medically necessary.

**One localized intense neurostimulation therapy: 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).

**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 Chapter, under Localized High-Intensity Neurostimulation.

**Decision rationale:** The patient presents on 05/20/15 with bilateral knee pain rated 3/10 at best 7/10 at worst and associated weakness and instability of the joints. The pain is noted to radiate from the back of the knee down into the calf in the right lower extremity. The patient's date of injury is 04/18/03. Patient is status post surgical repair of a patellar fracture circa 2004. The request is for one localized intense neurostimulation therapy. The RFA was not provided.

Physical examination dated 05/20/15 reveals tenderness to palpation of the superolateral border of the patella in the right knee with unrestricted range of motion noted. No physical examination findings of the left knee are included. The patient is currently prescribed a compounded topical medication containing Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethazone, Capsaicin, and Hyaluronic acid. Diagnostic imaging included MRI of the right knee dated 03/29/15, significant findings include: "increase signal in the posterior horn of the medial meniscus may reflect internal degeneration... degenerative marginal osteophytes off bilateral tibial plateau, femoral condyle, intercondylar eminences, and posterosuperior and inferior margin of the patella... degenerative thinning of the cartilage of the patella and trochlea and narrowing of the patellofemoral joint space... knee joint effusion... Baker's cyst... semimembranous tendon tear, partial thickness..." Patient is currently classified as permanent and stationary, current work status is not specified. ODG Low Back Chapter, under Localized High-Intensity Neurostimulation has the following: "Not recommended. See Hyperstimulation analgesia... The Nervomatrix device combines trigger point impedance imaging with hyperstimulation analgesia... Hyperstimulation Analgesia: Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (Nervomatrix Ltd., Netanya, Israel). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization." In regard to the localized intense neurostimulation therapy directed at an unknown location, the requested procedure is not yet supported by guidelines. ODG indicates that there are currently only two low quality, manufacturer sponsored studies addressing the effectiveness of such therapies. Given the lack of firm guideline support for such treatment modalities, the request cannot be substantiated. The request is not medically necessary.