

Case Number:	CM15-0124645		
Date Assigned:	07/09/2015	Date of Injury:	04/23/2013
Decision Date:	08/05/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, 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 48 year old female who sustained a work related injury April 23, 2013. Past history included s/p right knee arthroscopy September 15, 2014. According to a primary treating physician's follow-up report, dated May 29, 2015, the injured worker presented with right knee pain, rated 7/10 and low back pain with right lower extremity symptoms, rated 7/10. Physical examination of the right knee revealed tenderness, range of motion 0-90 degrees, and favors the left lower extremity with ambulation. There is pain with extension of leg passive and against resistance. There is tenderness of the lumbar spine and lumbosacral musculature. Lumbar range of motion; flexion 40 degrees, extension 40 degrees, left and right lateral tilt and left and right rotation 35 degrees. Straight leg raise is positive right for pain to foot at 35 degrees. There is a diminished sensation right L5 and S1 dermatomal distribution. Diagnoses are right knee patellar tendinitis, refractory; protrusion with neural encroachment and radiculopathy. At issue, is the request for authorization for extracorporeal shock wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy 5 sessions right knee, utilizing the EMS Dolor class ESWT 2000 socks at the level 2 (1,4 bar) per treatment session: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee/Leg, 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) Knee chapter and pg 25.

Decision rationale: According to the ODG guidelines, shockwave therapy is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. In this case, the claimant does have tendonopathy; however, the claimant has undergone arthroscopy, exercises and medications for pain. The request for ESWT is not medically necessary.