

Case Number:	CM15-0028271		
Date Assigned:	02/20/2015	Date of Injury:	07/12/2007
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/13/2015

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:

This 64 year old female sustained an industrial injury via cumulative trauma on 7/12/07, with subsequent ongoing pain to the right knee, low back, neck and shoulder. The injured worker underwent cervical surgery on 7/16/14. X-ray cervical spine (10/10/14), showed previous spinal fusion and anterolisthesis of C4 on C5. Magnetic resonance imaging left hip (10/13/14), showed a cyst versus a pseudocyst, a mild degree of fluid in the hip joint, cannot rule out labral tear. In a PR-2 dated 11/26/14, the injured worker reported having problems with all activities of daily living, with difficulty sleeping and emotional distress. The injured worker was unable to drive or ride in a vehicle. The injured worker was not working. The injured worker reported going to a gym and walking in water. The injured worker continued to have tingling in both hands. The treatment plan included shock wave therapy to both knees and right shoulder. On 1/20/15, Utilization Review noncertified a request for shockwave therapy to knees and right shoulder. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy (to the knees and right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, Knee and shock wave therapy | 25.

Decision rationale: According to the guidelines, ESWT is under study for patellar tendonopathy and only adequate study for calcified tendonitis. In this case, the claimant does not have the above diagnoses involving the knee and shoulder. The claimant has already undergone H-wave, acupuncture, therapy and use of analgesics which have more proven benefit. As a result, the request for ESWT is not medically necessary.