

Case Number:	CM15-0042301		
Date Assigned:	03/12/2015	Date of Injury:	01/17/2013
Decision Date:	04/22/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

Then injured worker is a 63 year old male who sustained an industrial injury on January 17, 2013. He has reported an injury of the left knee and has been diagnosed with pain in joint left knee. Treatment has included medications and acupuncture. Currently the injured worker complained of intermittent knee pain 5/10 with mild limited range of motion with improvement. The treatment plan included medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECSWT (extracorporeal shockwave therapy) for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Page(s): CH 13-339, CH 12- 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, LLC, Corpus Christi, TX; www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 1/30/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Plantar Fasciitis/Elbow Page(s): 371/29.

Decision rationale: According to MTUS guidelines, limited evidence support the efficacy of extracorporeal shockwave therapy for the treatment of pain from plantar fasciitis and epicondylitis. Furthermore there is no studies supporting the use of shockwave for the treatment of knee pain. Therefore, the request for ECSWT (extracorporeal shockwave therapy) for left knee is not medically necessary to treat the knee pain.