

Case Number:	CM15-0076280		
Date Assigned:	04/27/2015	Date of Injury:	08/18/2009
Decision Date:	05/22/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 44 year old male, who sustained an industrial injury on 8/18/2009. He reported injury from a slip and fall. The injured worker was diagnosed as having osteoarthritis and status post right knee arthroscopy. Right knee magnetic resonance imaging showed posterior cruciate ligament partial tear. Treatment to date has included surgery, physical therapy, acupuncture and medication management. In a progress note dated 12/29/2014, the injured worker complains of right knee pain. The treating physician is requesting 3 shock wave therapy visits for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Extracorporeal shock wave therapy visits for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee-Extracorporeal shock wave therapy.

Decision rationale: The MTUS Guidelines do not mention shock wave therapy as a viable treatment for the knee. ODG Guidelines reviews this issue in some detail and it does give mild support for its use if there is a hypertrophic non-union of a long bone. Updated studies are not supportive of its use for chronic tendonitis. This patient does not have a long bone non-union. There are no unusual circumstances to justify an exception to Guidelines. The 3 Extracorporeal shock wave therapy visits for the right knee is not medically necessary.