

Case Number:	CM15-0095519		
Date Assigned:	07/15/2015	Date of Injury:	12/09/2014
Decision Date:	08/17/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii

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 27 year old male patient who sustained an industrial injury on 12/09/2014. The accident was described as while working on scaffolding one day he fell from the scaffold as it collapsed landing on the ground and then rolling down an embankment. He was evaluated and treated for a fracture of the right tibia, fibula and blunt torso trauma. A discharge summary dated 12/11/2014 reported the chief complaint of having pain in the right leg. The patient had a splint placed and was able to ambulate with partial weight bearing to be discharged home. Previous treatment to include: activity modification, medication, extracorporeal shockwave therapy, and ultimately surgical intervention with a post-operative course of physical therapy. On 12/10/2014 he underwent open reduction with internal fixation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy sessions, Qty 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic), 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 & Leg Extracorporeal shock wave therapy (ESWT).

Decision rationale: The patient presents with pain in the right leg. The current request is for extracorporeal shockwave therapy sessions, Qty 4. The treating physician states, in a report dated 04/02/15, "He is referred for extracorporeal shockwave therapy of the right knee, once per week for 4 weeks." (181B) The MTUS guidelines on shockwave therapy. The ODG guidelines state, "Under study for patellar tendinopathy and for long-bone hypertrophic nonunions. 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." (Zwerver, 2010) In this case, the treating physician notes that the patient has right knee patellar tendinosis. However, ESWT is still under study and there is no medical evidence to support the current requested application. The request is not medically necessary