MAXIMUS Federal Services

Case Number:	CM15-0098450		
Date Assigned:	05/29/2015	Date of Injury:	10/17/2013
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, Florida, 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 64 year old male who sustained an industrial injury on 10/17/13. The injured worker was diagnosed as having thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain, bilateral shoulder periscapular impingement rule out rotator cuff tear, bilateral knee sprain/strain rule out meniscus tear, and bilateral ankle sprain/strain with plantar fasciitis. Of note, several documents within the submitted medical records are difficult to decipher. Currently, the injured worker was with complaints of pain in the back and left knee. Previous treatments included medication management. The injured workers pain level was noted as 8/10 without medication and 6/10 with medication. Physical examination was notable for positive straight leg raises, spine with muscle spasms noted, left knee positive for crepitus. The plan of care was for bilateral knee supports, shockwave therapy and a lumbar spine support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy for the bilateral shoulders: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, shoulder, under ECSWT.

Decision rationale: This claimant was injured back in 2013 with various anatomical strain injuries. The records were in part illegible. There is still pain in the back and the left knee. There is no mention of shoulder issues, or specifically calcific tendinitis. Medicine provides a 2 point VAS improvement subjectively. There is knee crepitus, and back spasm. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG recommends this procedure for the shoulder only for calcific tendinitis, but no other conditions. The criteria for the use of Extracorporeal Shock Wave Therapy (ESWT) are: 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. The claimant fails at least criterion 1 of the evidence based guide; the request is appropriately not medically necessary.

Quick draw lumbar spine support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM, Chapter 12, Low back, page 298.

Decision rationale: This claimant was injured back in 2013 with various anatomical strain injuries. The records were in part illegible. There is still pain in the back and the left knee. There is no mention of shoulder issues, or specifically calcific tendinitis. Medicine provides a 2 point VAS improvement subjectively. There is knee crepitus, and back spasm. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Therefore, this request is appropriately not medically necessary.

Bilateral knee supports: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Walking aids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): ACOEM, Knee, Page 340.

Decision rationale: This claimant was injured back in 2013 with various anatomical strain injuries. The records were in part illegible. There is still pain in the back and the left knee. There is no mention of shoulder issues, or specifically calcific tendinitis. Medicine provides a 2 point VAS improvement subjectively. There is knee crepitus, and back spasm. Page 340, ACOEM, Knee complaints notes: A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. It is not clear the claimant has these conditions, or these occupational needs. The guides further note that for the average patient, using a brace is usually unnecessary. There is nothing noted as to why this claimant would be exceptional from average and need a brace. Neither is there evidence of patellar maltracking. The request is appropriately not medically necessary.