

Case Number:	CM14-0141634		
Date Assigned:	09/10/2014	Date of Injury:	05/21/2013
Decision Date:	10/07/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Preventative Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 45-year-old male with a 5/21/13 date of injury. At the time (6/11/14) of the request for authorization for 12 sessions of extracorporeal shockwave therapy for the left knee, there is documentation of subjective (burning left knee pain and muscle spasms) and objective (able to squat to approximately 40% of normal due to the pain, tenderness to palpation over the medial and lateral joint line, flexion 130 degrees, extension 0 degrees) findings, current diagnoses (sprain and strain of left knee), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Extracorporeal Shockwave Therapy for the Left 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 (ODG), Treatment Index, 11th Edition (web), 2013, Knee & Leg, 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: MTUS does not address the issue. ODG identifies extracorporeal shock wave therapy (ESWT) is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. Therefore, based on guidelines and a review of the evidence, the request for 12 sessions of extracorporeal shockwave therapy for the left knee is not medically necessary.