

<b>Case Number:</b>	CM13-0021562		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/30/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 65 year old female who was injured on 3/30/2010. She was diagnosed with leg pain, knee sprain. Many years prior to this injury, she was diagnosed with meniscal tear and degenerative chondromalacia of the right knee. She was treated with medications and physical therapy. She was also treated with an extracorporeal shockwave therapy on her right knee on 5/8/2012 by her chiropractor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The extracorporeal shockwave therapy to the right knee provided on 4/10/12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Leg and Knee section, Extracorporeal shockwave therapy (ESWT).

**Decision rationale:** The MTUS Guidelines do not address extracorporeal shockwave therapy (ESWT). The ODG, however, states that ESWT is being investigated as a viable option for hypertrophic nonunions. Initial studies evaluating its role in the treatment of patellar tendinopathy suggested it was better than other conservative treatments, but new data suggests that ESWT is

ineffective for treating patellar tendinopathy compared to standard conservative therapy alone. In the case of this worker, there was no evidence of her having the diagnosis of patellar tendinitis or similar diagnosis that might warrant a consideration of using this therapy. However, even if she had this diagnosis, the recent research suggests it is not effective, and therefore it is not medically necessary in this case.