

<b>Case Number:</b>	CM13-0048158		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/03/2009
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Arizona. 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:

Patient is a 48-year-old with a date of injury on September 3, 2009. Patient is status post lumbar surgery in 2011, and left knee surgery (non-industrial in 2007) and has ongoing symptoms mainly related to the low back, but also shoulder, knee and elbow symptoms. Subjective complaints are of headache and neck pain, upper/mid/low back pain, bilateral shoulder pain, bilateral elbow pain, and bilateral knees. Pain was rated at 5/10 in right knee and 6/10 in left knee. Physical exam shows lumbar spine tenderness and decreased range of motion, and positive straight leg raise test bilaterally. There is bilateral shoulder tenderness and restricted motion, and bilateral knee and elbows tender to palpation. Patient had received extracorporeal shockwave therapy (ESWT) for left trapezius/myofascial pain syndrome, and left knee patellar tendinopathy. Other treatments include chiropractic, and physical therapy which were focused mainly on the back. Submitted documentation does not identify any conservative treatment modalities directed specifically to the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE EXTRACORPOREAL SHOCKWAVE TREATMENT (LEFT KNEE PATELLA TENDON) FOR DOS 7/2/2013: 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 & Leg (Acute & Chronic) Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

**Decision rationale:** The ODG states that recent 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. For this patient, minimal documentation is present in regards to subjective/objective findings for her left knee that establishes the diagnosis of patellar tendinopathy. Furthermore, no documentation shows evidence of physical therapy directed to the left knee. The retrospective request for an extracorporeal shockwave treatment of the left knee patella tendon, provided on July 7, 2013, is not medically necessary or appropriate.