

<b>Case Number:</b>	CM13-0050626		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational 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:

The patient is a 34 year old male who was injured on 02/01/2011. The mechanism of injury is unknown. Prior treatment history has included thoracic epidural steroid injection at T7-T8, 04/16/2013. Diagnostic studies reviewed include MRI of the thoracic spine dated 01/03/2013 revealed loss of vertebral disk and disk desolation changes are seen at T7-T8, T8-T9, and T9-T10, T10-T11 levels. There are no paravertebral soft tissues abnormalities. At T7-T8 and T8-T9 levels, concentric and bilateral 3-3.8mm broad based disc protrusion present with mild to moderate bilateral spinal and neural foraminal stenosis. X-rays of the thoracic spine, 2 views dated 03/22/2013 revealed hypokyphosis. There is light to mild disk space noted at T7-T11 with a slight degenerative changes. Otherwise normal with no fracture or dislocation noted. Comprehensive Orthopedic Consultation note dated 08/22/2013 indicated the patient has herniated nucleus pulposus measuring 3.4 mm at T7-T8 and T8-T9. PR2 dated 10/22/2013 stated the patient has complaints of pain in the neck, mid upper back, lower back and bilateral knees, which she rates as 5/10 in the neck, lower back and right knee which has decreased from 6/10 on prior visit; 6/10 in the mid upper back which has decreased from 7/10 and 4/10 in the left knee which remains the same. Objective findings on examination of the cervical spine revealed there is grade 1 tenderness to palpation over the paraspinal muscles which have remained the same. Her range of motion is restricted. Cervical compression test is positive. On review of the thoracic spine, there is grade 3 palpation over the paraspinal muscles, which have remained the same since the last visit; range of motion is restricted. The lumbar spine revealed grade 2 to 3 tenderness to palpation over the paraspinal muscles, which is unchanged from previous visit. Straight leg raise test is positive bilaterally; Bilateral knee, there is grade 3 tenderness to palpation over the right knee which is unchanged since the last visit. There is grade 2 tenderness to palpation over the right knee which is essentially unchanged since the last visit. There is grade

2 tenderness to palpation over the left knee which is essentially unchanged since the last visit. Neurological examination reveals no change on neurocirculatory examination. The patient is diagnosed with 1) Cervical spine strain and cervical spine protrusion; 2) Thoracic spine strain and disk protrusion; 3) Lumbar spine strain; 4) Disk disease; 5) Bilateral knee strain. It was recommended the patient gets treated with physical therapy to cervical and thoracic spine and bilateral knees 2 times per week for 6 weeks. She is prescribed Vicodin 5/325 to be taken orally every 6 hours as needed and omeprazole 20 mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ECSWT (EXTRA CORPOREAL SHOCK WAVE THERAPY) TO 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), Knee and Leg.

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

**Decision rationale:** According to the ODG, ECSWT is recommended as a viable alternative to surgery for long bone hypertrophic nonunion. New data presented at an American College of Sports Medicine Meeting suggests Extra Corporeal Shock Wave therapy is ineffective for treating patellar tendinopathy compared to the current standard of care, which emphasizes multimotor physical therapy focusing on muscle retraining, joint mobilization and patellar tapping. There is only documentation of bilateral knee pain with tenderness to palpation and a diagnosis of knee strain. Medical necessity has not been established. ECSWT is non-certified.