

<b>Case Number:</b>	CM13-0066894		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/02/2013
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Physical Medicine and Rehabilitation, 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 injured worker is a 24-year-old female who reported an injury on 06/02/2013. The mechanism of injury was not stated. Current diagnoses include right wrist sprain, right wrist tenosynovitis, right knee pain, and right knee sprain. The injured worker was evaluated on 11/05/2013. The injured worker reported moderate to severe sharp right wrist pain and intermittent dull, achy right knee pain. Physical examination revealed 3+ tenderness to palpation of the dorsal and volar wrist, positive Phalen's testing, 3+ tenderness to palpation of the anterior and medial knee, and positive McMurray's testing. Treatment recommendations at that time included a consultation with a podiatrist, an orthopedic consultation, and shockwave therapy for the right wrist and right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SHOCKWAVE THERAPY FOR THE RIGHT WRIST/RIGHT AND KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow (updated 5/7/13) Extracorporeal shockwave therapy (ESWT); ODG Knee & Leg (updated 11/26/13) Extracorporeal shockwave 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 Chapter, Extracorporeal Shock Wave Therapy (ESWT)

**Decision rationale:** The Official Disability Guidelines state extracorporeal shockwave therapy is currently under study for patellar tendinopathy and for long bone hypertrophic nonunions. The injured worker does not maintain either of the above-mentioned diagnoses. There are no Guideline recommendations to support the use of extracorporeal shockwave therapy for the right wrist. Based on the clinical information received and the Official Disability Guidelines, the request for shockwave therapy for the right wrist/right and knee is not medically necessary and appropriate.