

<b>Case Number:</b>	CM14-0003063		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	10/04/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 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 58-year-old male who has submitted a claim for right knee contusion, discogenic low back pain, status post left knee surgery associated with an industrial injury date of October 4, 2011. Medical records from 2012-2014 were reviewed, the latest of which dated January 15, 2014 revealed the patient gets tired and light headed daily due to cardiac pain. He is started on lisinopril. Progress report dated December 23, 2013 revealed that the patient continues to complain of pain to his right knee. He complains of right knee weakness. He has difficulty getting up from sitting position. On physical examination, there is medial joint tenderness and tenderness over the patellofemoral joint of the right knee. There is crepitus with range of motion. There is no knee instability. Treatment to date has included left knee surgery, ESWT bilateral wrists (1/10/13), chiropractic therapy, physical therapy and medications which include tramadol, naproxen and lisinopril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRIC SHOCKWAVE THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, INITIAL CARE,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 203.

**Decision rationale:** According to page 203 of the ACOEM Practice Guidelines referenced by CA MTUS, physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, TENS units, and biofeedback are not supported by high-quality medical studies but they may be useful in the initial conservative treatment of acute shoulder symptoms. Some medium quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. According to the Official Disability Guidelines high energy ESWT is not supported. Low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. The treatment is still under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In this case, electric shockwave therapy was requested; however, the rationale is unknown due to lack of documentation. The specific region and number of treatment sessions were not included in the request. Also, there was no documentation of failure of more traditional conservative treatment. Therefore, the request for ELECTRIC SHOCKWAVE THERAPY is not medically necessary.