

<b>Case Number:</b>	CM14-0012871		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 40-year-old male who has submitted a claim for headache, right shoulder sprain/strain, right shoulder osteoarthritis, right knee sprain/strain, right knee chondromalacia patella, right knee medial meniscus tear, and right knee lateral meniscus tear; associated with an industrial injury date of 10/19/2012. Medical records from 2013 were reviewed and showed that patient complained of headaches, graded 6-7/10, right shoulder pain, graded 4-5/10, and right knee pain, graded 6/10. Physical examination showed tenderness over the lateral and medial joint lines of the right knee. Range of motion of the right shoulder and knee was limited, with noted crepitus. MRI of the right knee, dated 11/21/2012, showed chondromalacia of the patella, and lateral and medial meniscus tears. MRI of the right shoulder, dated 01/28/2013, showed cystic changes in the greater and lesser tuberosities, nonspecific fluid in the subacromial-subdeltoid bursa, and minimal osteoarthritic changes in the acromioclavicular joint. Treatment to date has included medications, physical therapy, and right shoulder injection. Utilization review, dated 01/13/2014, denied the request for extracorporeal shock wave lithotripsy because the patient was not diagnosed with calcifying tendinitis of the shoulder or patellar tendinopathy and long-bone hypertrophic nonunions of the knee, for which ESWT is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY SESSION:** Upheld

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

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

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that extracorporeal shock wave therapy (ESWT) is recommended for patients with calcifying tendinitis of the shoulder with inhomogenous deposits; and is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In this case, the patient complains of right shoulder and knee pain despite conservative treatment. However, the rationale for requesting ESWT was not provided. Moreover, MRI of the right shoulder, dated 01/28/2013, showed no evidence of calcifying tendinitis for which ESWT is recommended. Furthermore, the medical records failed to establish compelling circumstances identifying why ESWT was requested despite its lack of evidence for efficacy for the right knee. Lastly, the present request as submitted failed to specify the number of sessions, duration of treatment, and body part to be treated. The request for extracorporeal shock wave lithotripsy session is not medically necessary.