

<b>Case Number:</b>	CM14-0136596		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	12/08/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Internal 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 an injured worker with the diagnoses of cervical spine and lumbosacral spine strain and right knee contusion. Date of injury was 12/08/13. The primary treating physician's progress report 1/11/14 documented that the patient reported that the neck and knee were better. The patient had back complaints. On physical examination, the straight leg raise was negative at 90 degrees. Flexion was at 60 degrees. There was no effusion or edema noted in the knee. The right knee was stable. The patient was diagnosed with cervical and lumbar spine sprain and strain and right knee contusion. The primary treating physician's progress report dated 1/17/14 documented the diagnoses of cervical spine and lumbosacral spine strain and right knee contusion. Physical therapy six visits were prescribed. The primary treating physician's progress report dated 2/2/14 documented the diagnoses of cervical spine and lumbosacral spine strain and right knee contusion. The work status was regular duty. Objective findings were negative straight leg raise, neurologic unremarkable, tender at the L2-L3 region. Treatment plan included a request for extracorporeal shockwave therapy. Utilization review determination date was 7/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy 1xwk x6-12wks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back

(updated 7/3/14) Shockwave therapy Official Disability Guidelines Knee & Leg (updated 6/5/14)  
Extracorporeal shock wave therapy (ESWT)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 173-175, 181, 300, 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Work Loss Data Institute, Low back - Lumbar & Thoracic, Knee & leg (Acute & Chronic).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses the request for extracorporeal shockwave therapy (ESWT). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Official Disability Guidelines (ODG) state that shock wave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Work Loss Data Institute guidelines for the low back state that shock wave therapy is not recommended. ACOEM Chapter 8 Neck and Upper Back Complaints states that there is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (page 181) states that the physical treatment methods traction, tens, and other modalities are not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints states that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, and biofeedback have no scientifically proven efficacy in treating acute knee symptoms. Work Loss Data Institute guidelines for the knee and leg (2013) stated that extracorporeal shock wave therapy (ESWT) is not recommended. Medical records document the diagnoses of lumbosacral spine and strain, cervical spine spine and strain, and right knee contusion. Extracorporeal shockwave therapy was requested. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the request for extracorporeal shockwave therapy. Therefore, the request for Extracorporeal shockwave therapy 1xwk x6-12wks is not medically necessary.