

<b>Case Number:</b>	CM14-0168611		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 applicant is a [REDACTED] employee who has filed a claim for chronic knee, wrist, elbow, shoulder, and neck pain reportedly associated with an industrial injury of August 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; topical compounds; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated September 23, 2014, the claims administrator denied a request for extracorporeal shockwave therapy for the knee. The applicant's attorney subsequently appealed. In a July 25, 2014 progress note, the applicant reported ongoing complaints of left knee pain with derivative complaints of sleep disturbance, psychological stress, depression and anxiety. The applicant was placed off of work, on total temporary disability, while MR arthrography of the knee was sought in conjunction with an EMS-TENS unit. The applicant was placed off work, on total temporary disability, via an earlier progress note dated May 1, 2014. The applicant was asked to obtain an MRI of the cervical spine on that date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy for the 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 & Leg Chapter, updated 08/25/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Ultrasound; Page(s): 123. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Extracorporeal Shock Wave Therapy section.

**Decision rationale:** While the MTUS does not specifically address the topic of extracorporeal shock wave therapy for the knee, page 123 of MTUS Chronic Pain Medical Treatment Guidelines, does note that therapeutic ultrasound, which ESWT is a subset is deemed "not recommended" in the chronic pain context present here. Similarly, the Third Edition ACOEM Guidelines Knee Chapter further notes that there is "no recommendation" on extracorporeal shock wave therapy for issues involving the knee. In this case, the attending provider's progress note were sparse and did not contain much in the way of narrative commentary or applicant-specific rationale which would offset the tepid-to-unfavorable ACOEM and MTUS recommendations. Therefore, the request is not medically necessary.