

<b>Case Number:</b>	CM14-0061415		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 27 year-old with a reported date of injury of 09/06/2011 that occurred when the truck the patient was driving flipped over while trying to merge onto a highway. The patient has the diagnoses of sprain of ligaments of the lumbar spine, rule out disc displacement, rule out lumbar radiculopathy and sprain of the left knee rule out derangement. The progress notes provided by the treating physician dated 03/25/2014 states the patient had complaints of burning radicular low back pain with muscle spasm, numbness and tingling of the bilateral lower extremities and constant moderate to severe left knee pain. The physical exam noted ambulation with the use of crutches, lumbar paraspinals tenderness to palpation, tenderness to palpation over the medial and lateral joint line of the left knee and restriction in range of motion. Treatment recommendations included medication management, x-rays of the lumbar spine and left knee, acupuncture therapy, shockwave therapy, MRI of the lumbar spine and left knee, EMG/NCV studies of the bilateral lower extremities and Terocine patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy six treatments Lumbar spine:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back; Shockwave therapy.

**Decision rationale:** The California MTUS and ACOEM do not address shockwave therapy. The ODG states: The available evidence does not support the effectiveness of ultrasound or shock wave therapy for treating low back pain. The requested service is not medically necessary.

**Shockwave therapy three treatments for 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 - Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg: shockwave therapy.

**Decision rationale:** The California MTUS and ACOEM do not address shockwave therapy. The ODG states: Under study for patellar tendinopathy and long-bone hypertrophic non-union. The patient does not have either one of these conditions/diagnoses and thus the requested service is not medically necessary.