

<b>Case Number:</b>	CM14-0061501		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/21/2014
<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 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:

Per the records provided, the request that was denied or modified was listed only as 'shockwave therapy'. The first reviewer noted the diagnosis was a left knee strain. The handwritten notes gave minimal clinical information with no detailed documentation of objective findings. In addition, the benefit of prior care services was not noted. The examination dated 02/14/2014 revealed lumbar pain, numbness, weakness, and loss of range of motion. In addition, there was left knee pain, numbness, weakness and locking. The injured worker reported improvement with therapy. The diagnoses included myofasciitis; stress and anxiety; and hypertension with medicine; insomnia; gait anomaly; lumbar spine disc syndrome; pain in the left knee; and alleged left knee internal derangement. In this note, the record says the shockwave treatment was for the lumbar spine; yet the 4-21-14 decision under review says the shockwave treatment was for the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave Therapy, 4 sessions:** 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 Pain Subsection Under ESWT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Knee, under Extracorporeal shockwave.

**Decision rationale:** The evidence based guidelines for the knee noted this modality is under study for patellar tendinopathy and for long-bone hypertrophic nonunion. This case does not meet either criterion and the studies are conflicting. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective. It had lower recurrence rates than conventional conservative treatments, according to results of a recent small, randomized controlled trial. New research suggested that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic nonunion. However, new data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) was actually ineffective for treating patellar tendinopathy. This was compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. The studies are conflicting and the case does not meet the criteria therefore, this request is not medically necessary.