MAXIMUS Federal Services

| Case Number: | CM14-0073540 | | |
|---|---|---|---|
| Date Assigned: | 07/16/2014 | Date of Injury: | 09/08/2007 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 04/28/2014 |
| Priority: | Standard | Application Received: | 05/20/2014 |

## 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 represented [redacted] employee who has filed a claim for chronic knee, ankle, foot, hip, and low back pain reportedly associated with an industrial injury of September 8, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier ankle and knee surgery; topical compounds; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated April 28, 2014, the claims administrator denied a request for six sessions of extracorporeal shockwave therapy to the foot and ankle. The applicant's attorney subsequently appealed. In an April 21, 2014 progress note, the applicant reported neck, low back, knee, ankle, and foot pain, collectively rated at 6/10. The applicant also had derivative complaints of anxiety, depression, and insomnia. The applicant was on Flexeril, Prilosec, and topical compounds. The applicant is using a cane to move about. The applicant was given a diagnosis of foot and knee tendinitis following failed knee and ankle arthroscopies. Extracorporeal shockwave therapy for the knee and foot was sought while the applicant was placed off of work, on total temporary disability. Flexeril and Prilosec were also endorsed. The remainder of the file was surveyed, including a medical-legal evaluation dated January 3, 2014. There was no evidence that the applicant had in fact had prior extracorporeal shockwave therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy for the left knee and left foot, qty: 6 sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee and Leg, Extracorporeal shock wave therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Patellar Tendinosis, Patellar Tendinopathy.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 371, limited evidence exist regarding extracorporeal shockwave therapy in treating plantar fasciitis of the foot. ACOEM notes that there is insufficient high quality evidence to clearly determine the efficacy of this particular therapy. The MTUS Guideline in ACOEM Chapter 13 does not specifically address the topic of extracorporeal shockwave therapy for the knee, the other body part for which it has been sought here. As noted in the Third Edition ACOEM Guidelines Knee chapter, there is no recommendation for or against usage of extracorporeal shockwave therapy for patellar tendinosis, the diagnosis present here. Thus, both the MTUS Guideline in ACOEM Chapter 14 and the third edition ACOEM Guidelines knee chapter take tepid positions on extracorporeal shockwave therapy, essentially stating that there was no recommendation for or against the usage of this particular therapy. In this case, however, the applicant has already tried, failed, exhausted other treatments, including time, medications, physical therapy, and earlier knee and foot/ankle surgery. Given the failure of numerous other first, second, and third line treatments, a trial extracorporeal shockwave therapy is indicated, despite the tepid ACOEM position on the same. Therefore, the request is medically necessary.