

<b>Case Number:</b>	CM14-0093940		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/25/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 28-year-old female who has submitted a claim for left knee sprain associated with an industrial injury date of 08/25/2012. Medical records from 2014 were reviewed, which showed that the patient complained of pain in his left knee. Pain is aggravated when kneeling. Physical examination of the left knee revealed increased pain upon McMurray's testing. Vagus and varus testing was negative. There is tenderness to palpation and muscle spasm noted. Treatment to date has included oral medications. Utilization review from 06/12/2014 denied the request for shockwave therapy for the left knee because the current clinical guidelines indicate the necessity of shockwave therapy dependent upon evidence of calcific tendinitis of the rotator cuff. Given the current clinical information the request for shockwave therapy for the left knee is not supported as necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave 1x3, left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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 chapter, Shockwave therapy

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, ESWT is ineffective for treating patellar tendinopathy. In this case, the patient has been complaining of left knee pain. However, there is no indication regarding failure of conservative management, or the indication for shockwave therapy. Therefore, the request for shockwave therapy was not medically necessary.