

<b>Case Number:</b>	CM14-0096725		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/22/2014
<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 Physical Medicine & Rehabilitation 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 injured worker is a 50 Y/O male with date of injury of 11/30/2010. The mechanism of injury is unknown. He has been complaining of chronic neck, back, right knee and right ankle. The pain radiates along bilateral C6-7 dermatome and B/L L4 dermatom and is rated 4/10. It is noted that the pain was reduced by 30-40% with PT. On exam, there is tenderness in the cervical, thoracic and lumbar paraspinal muscles, with spasm and restricted ROM. Cervical compression and SLR was noted positive. There was also tenderness in the right knee, right ankle and foot. McMurray's test was positive. The injured worker has received 4 PT visits and was later certified for 6 more PT sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per ODG guidelines; ESWT is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. New data presented at the American College of Sports

Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. In this case, the clinical information is very limited and there is no documentation of Patellar tendinopathy or non-union. Based on the guidelines and the clinical information the request is considered not medically necessary.

**12 sessions of physical therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, physical therapy.

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and 12 visits for knee sprain / strain. In this case, the injured worker has received PT; however there are no records of PT progress notes to demonstrate any significant improvement in the objective measurements (i.e. pain, ROM) with physical therapy. Also, at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional PT will exceed the number of recommended PT visits per guidelines. Therefore, the requested Physical therapy visits is not medically necessary.