

<b>Case Number:</b>	CM14-0124437		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	01/15/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 43-year-old male who sustained an industrial injury on 1/15/12. Past surgical history was positive for right knee anterior cruciate ligament reconstruction on 1/29/14. The 7/11/14 treating physician report cited continued medial right knee pain with numbness over the entire aspect of the anterior tibialis area. Pain increased with any prolonged sitting, standing or walking. He reported popping and clicking. The 6/3/14 MRI showed an intact ACL graft and demonstrated a horizontal tear of the posterior horn of the medial meniscus and joint swelling. Right knee exam documented 20-120 degrees of motion. The treating physician report noted that he was unable to touch the area over the anterior tibialis region due to severity of the burning sensation. The diagnosis included right knee internal derangement. The treatment plan recommended physical therapy for 16 additional visits, x-rays of the right knee anterior tibialis region, EMG/NCV specifically over the anterior tibialis of the right knee, and 6 visits of extracorporeal shockwave therapy for the right knee. On 7/29/14, Utilization Review non-certified 6 extracorporeal shock wave therapy visits to the right knee, noting there was absolutely no indication for this. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines was cited. On 8/6/14, the injured worker submitted an application for IMR for review of 6 extracorporeal shock wave therapy visits to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 extracorporeal shock wave therapy visits to the right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem-  
<https://www.acoempracguides.org/Knee>; Table 2, Summary of Recommendations, Knee Disorders.

**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: Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The California MTUS is silent regarding extracorporeal shockwave therapy for the knee. The Official Disability Guidelines state that ESWT is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. In general, guideline contraindications to ESWT include patients who had physical or occupational therapy within the past 4 weeks, patients who received a local steroid injection in the past 6 weeks, patients with bilateral pain, or patients who had previous surgery for the condition. Guideline criteria have not been met. There is no evidence that the patient has been diagnosed with patellar tendinopathy (for which it is at best "under study" for, as per guidelines). The use of extracorporeal shockwave therapy for this patient is also relatively contraindicated due to the history of surgery and current physical therapy. Therefore, this request is not medically necessary.