

<b>Case Number:</b>	CM15-0104518		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39-year-old male, who sustained an industrial injury on August 5, 2011. Treatment to date has included epidural steroid injection, right knee arthroscopy, medications, work restrictions, and physical therapy. Currently, the injured worker complains of low back pain with radiation of pain to the bilateral lower extremities, residual right knee pain, right ankle pain and muscle spasms, abdominal pain and headaches. He rates his headache pain a 5 on a 10 point scale, his low back pain a 6 on a 10-point scale, his right knee pain a 6-7 on a 10-point scale, and his right ankle pain a 6 on a 10-point scale. His pain is described as frequent to constant and moderate to severe in intensity. On physical examination, the injured worker has tenderness to palpation of the lumbar spine. He has bilateral lumbar paraspinal muscle guarding and is limited in range of motion. Bilateral straight leg raise tests are positive. He has tenderness to palpation of the right knee and a +1 effusion is noted. His right knee range of motion is limited and he has positive McMurray's, Lachman, and Apley's Compression tests. His right ankle is tenderness to palpation and he exhibits a limited range of motion, He has positive Varus Stress, Anterior Drawer and Posterior Drawer tests. The diagnoses associated with the request include headaches, low back pain, lumbar spine disc displacement, lumbar radiculopathy, status post right knee arthroscopy, right knee medial meniscal tear, and right ankle joint derangement. The treatment plan includes orthopedic surgeon consultation, course of Localized Intense Neurostimulation Therapy, PRP treatment for the right knee, physical therapy, acupuncture and chiropractic therapy for the right knee, shockwave therapy for the right knee and ankle, and shockwave therapy for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ESWT (Extracorporeal shockwave therapy) x6-12 sessions for the right knee, ankle and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, and Aetna Clinical Bulletin 0649; Multiple Sections: ESWT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Extracorporeal shock wave therapy (ESWT), page 303.

**Decision rationale:** ACOEM and MTUS are silent on use of ESWT for the knee joint. ODG states ESWT to be under study for patellar tendinopathy and long-bone hypertrophic nonunions, indicating some viability with other data suggesting ineffective treatment compared to current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. There is no recommendation for the diagnoses pertaining to this patient including degenerative joint disease and knee meniscal tear, ankle joint derangement or lumbar disc displacement and radiculopathy. Submitted reports have not demonstrated specific indication, clinical findings, or diagnoses to support for extracorporeal shock wave therapy. Additionally, reports have not documented any functional improvement or pain relief from treatment already rendered. The ESWT (Extracorporeal shockwave therapy) x6-12 sessions for the right knee, ankle and lumbar spine is not medically necessary and appropriate.