

<b>Case Number:</b>	CM15-0131507		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52-year-old who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of August 13, 2012. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for three sessions of extracorporeal shockwave therapy for the shoulder and knee while partially approving a request for eight sessions of postoperative physical therapy for the shoulder and knee as two sessions of the same. Non-MTUS ODG guidelines on extracorporeal shockwave therapy for the shoulder were invoked, despite the fact that the MTUS addressed the topic. The claims administrator also referenced progress notes of May 6, 2015 and June 3, 2015 in its determination. The applicant's attorney subsequently appealed. On February 16, 2015, the applicant underwent a right knee arthroscopy, tricompartmental synovectomy, removal of chondral loose bodies, partial lateral meniscectomy, patellar chondroplasty, and lateral retinacular release procedure to ameliorate postoperative diagnosis of knee synovitis, knee loose bodies, patellar lateralization syndrome, and chondromalacia patella. On May 6, 2015, the applicant reported ongoing complaints of knee, low back, neck, and shoulder pain, 5-7/10. The applicant had had 18 sessions of physical therapy authorized through this point in time, five of which were remaining. A cane, knee sleeve, Naprosyn, Protonix, Flexeril, and drug testing were endorsed. The applicant had failed to return to work, it was acknowledged. The applicant was given work restrictions, which the applicant's employer was apparently unable to accommodate. The applicant was given diagnoses of knee pain status post knee arthroscopy, right shoulder impingement syndrome, and bilateral median neuropathy. On June 3, 2015, the applicant

reported ongoing complaints of low back, knee, and shoulder pain. Extracorporeal shockwave therapy was sought, seemingly for the shoulder. The attending provider stated that the extracorporeal shockwave therapy was intended to ameliorate calcifying tendinitis of the shoulder but did not seemingly furnish radiographic evidence of the same. The applicant was asked to employ a cane. An additional eight sessions of physical therapy were sought while Naprosyn, tramadol, Protonix, Flexeril, and drug testing were endorsed. The applicant was not working, it was acknowledged, admittedly through preprinted checkboxes. Norco was also prescribed. The note was very difficult to follow as it mingled historical issues with current issues and also incorporated various guidelines. The remainder of the file was surveyed on several occasions. There were no x-rays or MRI studies on file establishing the presence of calcifying tendinitis of the shoulder on file.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Extracorporeal shock wave therapy x 3 sessions for the shoulder and right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 940 Extracorporeal Shockwave Therapy ("Shockwave") Extracorporeal shockwave therapy (ESWT) has been utilized for treatment of tendinosis, especially in the shoulder and ankle. It has been documented to have efficacy for treatment of calcific tendinitis in the shoulder (see Shoulder Disorders chapter). 2208-2213 Recommendation: Extracorporeal Shockwave Therapy for Treatment of Patellar Tendinosis There is no recommendation for or against the use of extracorporeal shockwave therapy for treatment of patellar tendinosis. Strength of Evidence No Recommendation, Insufficient Evidence (I).

**Decision rationale:** No, the request for three sessions of extracorporeal shockwave therapy for the shoulder and knee is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that some medium quality evidence supports extracorporeal shockwave therapy for the specific diagnosis of calcifying tendinitis of the shoulder, here, however, there was no evidence submitted to support the proposition that the applicant in fact carried a diagnosis of radiographically-confirmed extracorporeal shockwave therapy for the shoulder for which the extracorporeal shockwave therapy at issue would have been indicated. Page 123 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that therapeutic ultrasound, of which the ESWT at issue is a subset, is deemed "not recommended" in the chronic pain context present here. The Third Edition ACOEM Guidelines Knee Chapter also notes that there is no recommendation for or against the usage of extracorporeal shockwave therapy for patellar tendinosis. The Third Edition ACOEM Guidelines Knee Chapter also notes that, for most body parts, that there is evidence that ESWT is ineffective. Here, it was not clearly stated or clearly established why extracorporeal shockwave therapy is being sought here without the applicant's carrying

a diagnosis of radiographically-confirmed calcifying tendinitis of the shoulder. The attending provider failed to clearly state or clearly establish why he was seeking extracorporeal shockwave therapy for nonspecific knee pain, a diagnosis for which there is no recommendation on usage of ESWT, per the Third Edition ACOEM Guidelines Knee Chapter. Therefore, the request is not medically necessary.

**Post op physical therapy 2x4 weeks for right shoulder and right knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Similarly, the request for eight sessions of postoperative physical therapy for the knee and shoulder is not medically necessary, medically appropriate, or indicated here. The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier knee arthroscopic meniscectomy surgery of February 16, 2015 as of the date of the request, June 3, 2015. The applicant had had prior treatment (somewhere between 13 and 18 sessions through May 6, 2015), seemingly in excess of the 12-session course suggested in MTUS 9792.24.3 following earlier knee meniscectomy surgery, as transpired here. The Postsurgical Treatment Guidelines further stipulate in MTUS 9792.24.3.c4b that postsurgical treatments shall be discontinued in cases where no functional improvement is demonstrated. Here, it did not appear that the applicant had demonstrated functional improvement with earlier treatment. The applicant seemingly remained off of work as of May 6, 2015, at which point it was acknowledged that the applicant had not worked for several months. A June 3, 2015 progress note suggested that the applicant remained dependent on opioid agents such as Norco and tramadol and was, furthermore, still using a cane and a knee sleeve as of that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier postoperative physical therapy already in excess of the MTUS parameters. Therefore, the request for eight additional sessions of physical therapy is not medically necessary.