

<b>Case Number:</b>	CM15-0141220		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	12/04/2009
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 30 year old female patient who sustained an industrial injury on December 04, 2009. A recent primary treating visit dated April 03, 2015 reported subjective complaint of left knee pain, and compensatory right heel pain. The patient is status post left knee arthroscopy. The patient was diagnosed with gastritis and is taking no oral non-steroidal anti-inflammatory agents. She is utilizing a topical compound cream with positive benefit including decreased pain and improved function. She states the use of Flexeril and Pantoprazole are helpful in decreasing both spasms and gastric irritation. The following diagnoses were applied: status post left knee arthroscopy; left knee chondromalacia patella; rule out meniscal pathology, left knee; posttraumatic stress disorder, and generalized abdominal discomfort, uncertain etiology. The following are pending authorization: updated magnetic resonance imaging scan of left knee; additional physical therapy session; psychological evaluation, and gastrointestinal consultation. The plan of care noted the patient continuing to utilize the topical compound cream and remain permanent and stationary. She is to follow up in 3 weeks. At the follow up visit dated June 17, 2015 gave subjective complaints of left knee pain at the patellar tendon with noted swelling and has been refractory to physical therapy, injection, non-steroidal anti-inflammatory agents, and application of ice. She is also with continued right heel pain, compensatory. The plan of care involves recommending extracorporeal shockwave therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shock Wave Therapy for Left Knee, 5 sessions (utilizing EMS Swiss Dolorcast ESWT device, 2000 shocks at lever 1.4 bar per treatment session) 1 time wkly for 30 minutes each sessions (5 wks): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee - Extracorporeal Shock Wave Therapy (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 & Leg (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The claimant sustained a work injury in December 2009 and continues to be treated for left knee pain. Prior treatments had included medications, physical therapy, ice, and an injection. When seen, there was diffuse knee tenderness and patellofemoral crepitus. McMurray's testing was positive. There was patellar tendon tenderness and swelling. Extracorporeal shock wave therapy (ESWT) is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. It is not currently recommended and is therefore the treatment at the requested facility is not considered medically necessary.

**Facility:** 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 & Leg (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The claimant sustained a work injury in December 2009 and continues to be treated for left knee pain. Prior treatments had included medications, physical therapy, ice, and an injection. When seen, there was diffuse knee tenderness and patellofemoral crepitus. McMurray's testing was positive. There was patellar tendon tenderness and swelling. Extracorporeal shock wave therapy (ESWT) is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. It is not currently recommended and is therefore the treatment at the requested facility is not considered medically necessary.