

<b>Case Number:</b>	CM15-0160180		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	03/03/2000
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 57 year old male who sustained an industrial injury on 3-3-00. A review of the medical records indicates he is undergoing treatment for painful right total knee arthroplasty, June 2014 and left elbow pain. Medical records (3-4-15 to 7-17-15) indicate that the injured worker complains of "tight right knee pain with very limited movement in motion", rating "7 out of 10", and left elbow pain, rating "3 out of 10". The 7-17-15 progress note indicates that the right knee pain "remains refractory to physical therapy, home exercise, and activity modification". The report indicates that the medications help with activities of daily living, including household chores, shopping for groceries, grooming, and simple food preparation and cooking. The treating provider states "favorable, significant objective improvement with medication on board". Medications include Hydrocodone and Tramadol ER. He is also using a non-steroidal anti-inflammatory medication with a PPI for gastrointestinal upset (7-17-15). The physical exam reveals tenderness of the right knee with resistance in flexion and extension of the leg. The left elbow was noted to have full range of motion. The treating provider indicated that the resistance in range of motion of the right knee "is suggestive of scar tissue". A request for authorization for shockwave treatment to the right knee was made "to address limited motion and resistance with motion soft scar tissue". The utilization review (8-13-15) indicates denial of the request based on "no peer review studies that show this is effective for painful total knee arthroplasty and no range of motion is documented".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy for the right knee 1 time per week for 30 minutes for 5 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 25.

**Decision rationale:** According to the guidelines, shock wave therapy is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. In this case, the claimant had a knee replacement. The claimant does not have the above diagnoses and the intervention is investigational. As a result the request for shock wave therapy is not medically necessary.