

<b>Case Number:</b>	CM15-0165842		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 37-year-old male who sustained an industrial injury on 07-12-2013. Mechanism of injury was cumulative trauma. Diagnoses include right knee internal derangement, status post right knee meniscectomy on 03-16-2015, protrusion 5mm at L5-S1 with radiculopathy, protrusion left C6-7 with neural encroachment and radiculopathy and protrusion 1mm at T2-C7. Treatment to date has included diagnostic studies, medications, physical therapy, and status post right knee arthroscopy. Current medications include Percocet and Cyclobenzaprine. A physician progress note dated 07-14-2015 documents the injured worker complained of right knee pain rated 5 out of 10. He has low back pain rated 5 out of 10 with left greater than right lower extremity symptoms. He has left knee pain rated 6 out of 10 on the pain scale and he rates his cervical pain as 6 out of 10. On examination, he has tenderness to palpation to the lumbar and cervical spine. Cervical spine range of motion is limited. There are no signs of infection to his right knee. Right knee incisions are healing well. Right knee range of motion is 0 degrees to 100 degrees. The treatment plan includes continuation of additional physical therapy to bilateral knees, continuation with request for physical therapy to the thoracic and cervical spine. There is a request for interventional pain management consult with option for injections and to assume role of prescribing narcotic analgesics, and continue with request for topical compounds. Treatment requested is for Shockwave therapy to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Shockwave therapy 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 Official Disability Guidelines (ODG), Knee and Leg, Extracorporeal shock wave therapy.

**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 and Chronic) Chapter, under Extracorporeal shock wave therapy (ESWT) and Other Medical Treatment Guidelines ACOEM chapter 10 page 235.

**Decision rationale:** The patient presents with pain in the right knee. The request is for shockwave therapy to the right knee. Patient is status post right knee surgery, 03/16/15. Per 07/14/15 progress report, patient's diagnosis include status post right knee meniscectomy, 3/16/15; protrusion 5mm at L5-S1 with radiculopathy; protrusion left C6-7 with neural encroachment and radiculopathy; protrusion 1mm T2-C7. Patient's medications, per 08/18/15 progress report include Percocet, Tramadol, Cyclobenzaprine, and Omeprazole. Per 08/25/15 progress report, patient is to remain off work for several months. The ACOEM chapter 10 page 235 states the following regarding ESWT, "Published randomized clinical trials are needed to provide better evidence for the use of many physical therapy modalities that are commonly employed. Some therapists use a variety of procedures. Conclusions regarding their effectiveness may be based on anecdotal reports or case studies. Included among these modalities is extracorporeal shockwave therapy (ESWT)." ODG Guidelines, Knee & Leg (Acute and Chronic) Chapter, under extracorporeal shock wave therapy (ESWT) states: "Under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. (Wang, 2007) New research suggests that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic nonunions. However, the findings need to be verified, and different treatment protocols as well as treatment parameters should be investigated, including the number of shock waves used, the energy levels applied and the frequency of application. (Cacchio, 2009) New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. (Zwerver, 2010)" The patient is status post right knee surgery and continues with pain in the right knee. Review of the records provided indicates that the patient has completed 3 post-operative physical therapy sessions. In this case, ACOEM and ODG Guidelines do not support the use of ESWT for knee conditions. This request is not medically necessary.