Case Number:	CM15-0169691		
Date Assigned:	09/10/2015	Date of Injury:	07/28/2009
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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 43 year old male who sustained an industrial injury on 07-28-2009. According to a progress report dated 07-31-2015, subjective complaints included low back pain with left greater than right lower extremity symptoms, rated 7 on a scale of 1-10. Left knee component was worsening. Left knee arthroscopy was performed in February 2013 with initial improvement, but condition was currently worsening. Treatments tried and failed included physical therapy, home exercise, activity modification, injection, bracing, ice and nonsteroidal anti-inflammatory drugs. Pain was greatest at the patellar tendon. Left knee pain was rated 8. Right wrist forearm pain was rated 5. Right knee pain, compensatory, was rated 3. Objective findings included tenderness of lumbar spine. Lumbar range of motion was flexion 50 degrees, extension 40 degrees, left and right lateral tilt 30 degrees and left and right rotation 35 degrees. There was a positive straight leg raise left for pain to foot at 35 degrees and right for pain to distal calf at 45 degrees. Diminished sensation left greater than right L5 and S1 dermatomal distributions was noted. There were no signs of infection of the left knee. Arthroscopic portals were well healed. Swelling of the left knee greatest at patellar tendon was noted. Point tenderness left patellar tendon was noted. Pain with leg extension, passive and against resistance was noted. There was tenderness at the right proximal forearm extensors. There was pain with wrist extension against resistance. Spasm of the lumboparaspinal musculature was noted. Positive McMurray's, left knee, medial was noted. Diagnoses included status post remote left knee arthroscopy February 2013, medial meniscus tear left knee, patellar tendinitis left knee, neural encroachment L5-S1 with radiculopathy and rule out right radial tunnel syndrome. The treatment plan included request for additional acupuncture, request

for shockwave therapy left knee 5 sessions to address refractory patellar tendinitis, continuation of TENS and lumbosacral orthosis and medications. On 08-04-2015, Utilization Review non-certified outpatient shockwave therapy 5 sessions to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient shockwave therapy 5 sessions to the left 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).

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 July 2009 and continues to be treated for low back pain with lower extremity symptoms and left knee pain. He underwent left knee arthroscopy in February 2013. When seen, he was having worsening left knee pain, greatest at the patellar tendon, rated at 8/10. Physical examination findings included left knee swelling with point tenderness at the patellar tendon. There was pain with range of motion and with resisted range of motion. McMurray's testing was positive. Authorization for shockwave treatments for the left knee was requested. Extracorporeal shock wave therapy is under study for patellar tendinopathy. It is not currently recommended and is therefore not considered medically necessary.