

<b>Case Number:</b>	CM15-0183453		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 38 year old female, who sustained an industrial injury on 9-23-2012. Medical records indicate the worker is undergoing treatment for bilateral wrist-hand sprain-strain, bilateral knee sprain-strain, right knee medial and lateral meniscus tear, bilateral knee anterior cruciate ligament and medial cruciate ligament partial tear, left ankle-foot sprain-strain and left ankle Achilles tenosynovitis. A recent progress report dated 7-30-2015, reported the injured worker complained of bilateral wrist and hand pain rated 5 out of 10, bilateral knee pain rated 5 out of 10 and left ankle and foot pain rated 5 out of 10. Pain rating has improved since the 1-8-2015 visit, from 7 out of 10 in the wrist, hand knee and foot to 5 out of 10 in the wrist, hand, knee and foot at the 7-30-2015 visit. Physical examination on 7-30-2015, revealed bilateral carpal tenderness, bilateral medial and lateral knee tenderness and left lateral and medial malleolus tenderness. Treatment to date has included physical therapy and medication management. The physician is requesting Shock wave therapy 3 treatments for wrists, hands, knees, left ankle and foot. On 8-27-2015, the Utilization Review noncertified the request for Shock wave therapy 3 treatments for wrists, hands, knees, left ankle and foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shock wave therapy 3 treatments for wrists, hands, knees, left ankle and foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007, and Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** The requested Shock wave therapy 3 treatments for wrists, hands, knees, left ankle and foot, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Forearm, Wrist, Hand, Extracorporeal Shockwave Therapy, Page 265, noted that this treatment is not recommended, as despite some reported improvement in pain, there is no meaningful difference in results between this treatment and aggressive stretching exercise regimens. The injured worker has bilateral wrist and hand pain rated 5 out of 10, bilateral knee pain rated 5 out of 10 and left ankle and foot pain rated 5 out of 10. Pain rating has improved since the 1-8-2015 visit, from 7 out of 10 in the wrist, hand knee and foot to 5 out of 10 in the wrist, hand, knee and foot at the 7-30-2015 visit. Physical examination on 7-30-2015, revealed bilateral carpal tenderness, bilateral medial and lateral knee tenderness and left lateral and medial malleolus tenderness. Treatment to date has included physical therapy and medication management. The treating physician has not documented the medical necessity for this procedure as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Shock wave therapy 3 treatments for wrists, hands, knees, left ankle and foot is not medically necessary.