

<b>Case Number:</b>	CM15-0183469		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	10/30/2015	<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: Preventive Medicine, Occupational 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 September 23, 2012. She reported neck, bilateral shoulders, bilateral wrists, bilateral hands, left hip, thigh, bilateral knees, left ankle and low back pain with associated pain, weakness, numbness and tingling of the legs, feet and toes. The injured worker was diagnosed as having cervical spine sprain and strain, rule out herniated nucleus pulposus, cervical radiculopathy, bilateral wrist and hand sprain and strain, rule out internal derangement, lumbar spine sprain and strain, rule out herniated nucleus pulposus, lumbago, lumbar radiculopathy, bilateral knee sprain and strain, rule out internal derangement, right knee medial and lateral meniscus tear, bilateral knee ACL tear, bilateral knee MCL and LCL partial tear, right knee patellar bursitis, right knee patella chondromalacia grade 2, left ankle and foot sprain and strain, rule out internal derangement, left ankle peroneus and brevis tendonitis, left ankle tenosynovitis, mood disorder, stress and sleep disorder. Treatment to date has included diagnostic studies, shockwave therapy, physical therapy, manipulating therapy, acupuncture, injections, medications and work restrictions. Currently, the injured worker continues to report neck, bilateral shoulders, bilateral wrists, bilateral hands, left hip, thigh, bilateral knees, left ankle and low back pain with associated pain, weakness, numbness and tingling of the legs, feet and toes. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was without complete resolution of the pain. Left wrist magnetic resonance imaging (MRI) on May 5, 2015, revealed findings consistent with De Quervain's tenosynovitis, extensor carpi ulnaris tendinosis and tenosynovitis, synovial and ganglion cysts and a lunate cyst. Right wrist MRI on May 5, 2015, revealed the

same findings as the left wrist with pericarpal synovitis as well. Evaluation on June 23, 2015, revealed continued pain as noted. Cervical spine range of motion (ROM) testing revealed decreased flexion at 35 degrees, extension at 30 degrees, left rotation at 45 degrees, right rotation at 40 degrees, left lateral flexion at 25 degrees and right lateral flexion at 15 degrees. She rated her pain at 5-6 on a 1-10 scale with 10 being the worst. It was noted she was to undergo a round of shockwave therapy to the cervical and lumbar spine. Electro diagnostic studies of the bilateral lower extremities on August 14, 2015, revealed a normal study with no evidence of radiculopathy. Evaluation on August 30, 2015, revealed continued pain as noted. Cervical spine range of motion (ROM) testing revealed decreased flexion at 35 degrees, extension at 30 degrees, left rotation at 45 degrees, right rotation at 40 degrees, left lateral flexion at 25 degrees and right lateral flexion at 15 degrees. She had noted tenderness to palpation of the cervical spine muscles. She rated her pain at 5 on a 1-10 scale with 10 being the worst. Physical therapy and medications were continued. She was notified of the benefits and risks of shockwave therapy and wished to proceed. The RFA included requests for Shockwave therapy up to 6 treatments for the cervical and lumbar spine and was non-certified on the utilization review (UR) on August 27, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Shockwave therapy up to 6 treatments for the cervical and lumbar spine:** 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), Low Back (updated 07/17/2015), Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Shock Wave Therapy Section.

**Decision rationale:** The MTUS Guidelines do not address the use of extracorporeal shock wave therapy to the lumbar spine. The ODG does not recommend the use of shock wave therapy as the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. The request for shockwave therapy up to 6 treatments for the cervical and lumbar spine is determined to not be medically necessary.