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| <b>Case Number:</b>   | CM15-0204514 |                              |            |
| <b>Date Assigned:</b> | 10/21/2015   | <b>Date of Injury:</b>       | 06/12/2013 |
| <b>Decision Date:</b> | 12/03/2015   | <b>UR Denial Date:</b>       | 10/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/19/2015 |

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year old female, who sustained an industrial injury on 06-12-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right knee pain with moderate degenerative joint disease, chronic low back pain, bilateral shoulder pain, and bilateral hand and wrist pain. Medical records (03-19-2015 to 09-10-2015) indicate ongoing and worsening right knee pain with decreasing range of motion (ROM). Pain levels were rated 7-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate no overall improvement in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam of the right knee, dated 09-10-2015, revealed tenderness at the medial and lateral joint lines, restricted ROM, and crepitus with ROM. Relevant treatments have included: right knee arthroscopic surgery (05-29-2015), physical therapy (PT), work restrictions, and pain medications. The request for authorization (10-06-2015) shows that the following treatment was requested: 5 sessions of Extracorporeal shock wave therapy to the right knee. The original utilization review (10-13-2015) non-certified the request for 5 sessions of Extracorporeal shock wave 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:

**Extracorporeal shock wave therapy to the right knee, quantity: 5 sessions: 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, (Acute & Chronic) (updated 07/10/15) Extracorporeal shock wave therapy (ESWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: Overview of the management of overuse (chronic) tendinopathy.

**Decision rationale:** The appropriate use of extracorporeal shock wave therapy (ESWT) for treating soft tissue injury is controversial. Several trials have evaluated the efficacy of ESWT in tendinopathy and found minimal improvements over placebo. In this injured worker, the rationale for shock wave therapy at this point in the injury is not well documented with regards to goals for improvement in pain and / or function. The medical necessity of extracorporeal shock wave therapy to the right knee is not substantiated in the records.