

<b>Case Number:</b>	CM15-0026718		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male, who sustained an industrial injury on 4/27/2013. The diagnoses have included cervical disc protrusion, lumbar disc protrusion and right knee meniscus tear. Treatment to date has included physical therapy, chiropractic manipulation, medications and arthroscopic knee surgery (8/5/2014). According to the Primary Treating Physician's Chiropractic Progress Report dated 1/21/2015, the injured worker complained of cervical spine pain, lumbar spine pain and bilateral knee pain. Physical exam revealed tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles. There was muscle spasm of the bilateral cervical paravertebral muscles. There was tenderness to palpation and spasm of the lumbar paravertebral muscles. Exam of the right knee revealed mild swelling to the medial joint space. There was tenderness to palpation of the bilateral anterior, lateral and medial knees. The treatment plan was to follow up with medical doctor as needed for pain medications, follow up with orthopedic doctor and Extracorporeal Shockwave Therapy (ESWT) right knee. On 1/29/2015, Utilization Review (UR) non-certified a request for three sessions of Extracorporeal Shock Wave Therapy, one time a week for three weeks. The Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) sessions of extracorporal shock wave therapy, one time a week for three weeks:**  
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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and knee chapter- ESWT

**Decision rationale:** According to the guidelines, ESWT is under study for patellar tendonopathy. It may be eneficial for hypertrophic non-unions. In this case , the claimant sustained a meniscal injury and did not have the above diagnoses. In addition, the ES is not considered standard therapy since its under study. As a result it is not medically necessary.