

<b>Case Number:</b>	CM15-0059740		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	06/21/2003
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Texas, Illinois

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 73-year-old female who sustained an industrial injury on 6/21/03. The injured worker reported symptoms in the right knee. The injured worker was diagnosed as having thoracolumbar disc bulge; probable left sacroilitis, right knee surgery (5/8/14) and status post left knee surgery (11/5/04). Treatments to date have included status post right knee surgery; status post left knee surgery, rest, and ice. Currently, the injured worker complains of right knee pain. The plan of care was for extracorporeal shockwave therapy and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave therapy 1 time a week for 3 visits left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Extracorporeal shockwave therapy (ESWT).

**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 injured worker sustained a work related injury on 6/21/03. The medical records provided indicate the diagnosis of thoracolumbar disc bulge; probable left sacroilitis, right knee surgery (5/8/14) and status post left knee surgery (11/5/04). Treatments to date have included status post right knee surgery; status post left knee surgery, rest, and ice. The medical records provided for review do not indicate a medical necessity for Extracorporeal Shockwave therapy 1 time a week for 3 visits left knee. The MTUS silent on the use of extracorporeal Shockwave therapy for the knee; however, the official Disability Guidelines states it is understudy, and the results of the studies contradict one another. Therefore, the request is not medically necessary.