

<b>Case Number:</b>	CM15-0088831		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/06/1994
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: North Carolina  
 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 64 year old female, who sustained an industrial injury on 04/06/1994. She reported injuring her back and right side with radiation of pain from her back down the right leg. The injured worker is currently diagnosed as having multilevel degenerative disc disease to the lumbar spine, lumbar facet arthropathy, lumbar spine degenerative scoliosis, chronic regional pain syndrome to the right leg, chronic radiculopathy, status post lumbar laminotomy, status post placement of thoracic spinal cord stimulator, and osteoporosis. Treatment and diagnostics to date has included physical therapy, spinal cord stimulator revision, epidural injections, radiofrequency ablation, and medications. In a progress note dated 03/30/2015, the injured worker presented with complaints of worsening symptoms of right knee pain as well as low back pain radiating into her right buttocks and anterior and posterior thigh. Objective findings include mild effusion of the right knee and crepitation of the right patella. The treating physician reported requesting authorization for ultrasonic shockwave therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasonic Shockwave Therapy Sessions, quantity 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Knee and Leg (Acute and Chronic), Extracorporeal Shock wave therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, shockwave therapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: not recommended particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy; 2. Three conservative therapies prior to ESWT have been tried prior; 3. No contraindications to therapy; 4. Maximum of 3 therapy sessions over 3 weeks. The request exceeds the maximum amount of recommended sessions and therefore is not medically necessary.