

<b>Case Number:</b>	CM14-0176985		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2014

### 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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

44 yr. old female claimant sustained a work injury on 8/24/12 involving the right knee, low back and right shoulder. She was diagnosed with chondromalacia of the right knee, lumbar spinal stenosis, lumbar radiculopathy and right shoulder subluxation. She used Muscle Relaxants and Opioids for pain relief. An MRI of the lumbar spine in April 2014 showed disc protrusions of the L4-L5 region. A progress note on 8/26/14 indicated the claimant had continued pain in the involved areas. The physician requested physical therapy, acupuncture, an MRI of the knee and ortho shock wave.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**High and/or low energy extracorporeal shock wave treatment; 4 times four per diagnosis, one treatment every two weeks (energy level TBD at time of treatment): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Extracorporeal shock wave therapy (ESWT)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Low =Back Pain

**Decision rationale:** According to the ACOEM and ODG guidelines, shoulder shockwave therapy has some evidence for use in calcified tendonitis. It is not recommended for other shoulder conditions. At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). In this case, the claimant does not have radiological findings provided that would indicate calcified tendonitis. There is no specified indication for lumbar radiculitis. The ODG guidelines do not recommend shock wave therapy and available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. The request for shock wave therapy is not medically necessary.