

<b>Case Number:</b>	CM15-0010113		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	09/20/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, New York, California  
 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 38 year old female who sustained an industrial injury on 09/20/14. She reports headache, neck, mid and low back pain, bilateral wrist, ankle, and knee pain, discomfort in her chest following a meal, and stress, anxiety, insomnia, and depression. Diagnoses include headaches/cephalgia, cervical spine strain/sprain, cervical spine radiculopathy, bilateral wrist sprain/strain, thoracic spine pain/strain/sprain, low back pain, lumbar spine sprain/strain, radiculitis lower extremity, bilateral knee and ankle sprain/strain, anxiety, mood and sleep disorder, stress, and gastroesophageal reflux disease. Treatments to date include medications. In a progress noted dated 11/10/14 the treating provider reports decreased cervical, lumbar and thoracic spine range of motion, and decreased bilateral wrist, knee, and ankle range of motion. On 12/17/14 Utilization Review non-certified the request for shockwave treatments to the cervical, thoracic, and lumbar spine as well as the bilateral wrists, knees, and ankles, citing ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy 1x6 - 12 Weeks (Bilateral Wrists, Knees And Ankles x3/Cervical, Thoracic And Lumbar): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376, Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 123 of 127. Decision based on Non-MTUS Citation Knee - Extracorporeal Shockwave Therapy (Shockwave) For most body parts, there is evidence that ESWT is ineffective (see Elbow Disorders, Shoulder Disorders, and Ankle and Foot Disorders chapters). Source - ACOEM V.3.

**Decision rationale:** No, the request for extracorporeal shockwave therapy for the knees, ankles, neck, mid back, and low back was not medically necessary, medically appropriate, or indicated here. Extracorporeal shockwave therapy is a subset of therapeutic ultrasound which, per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended in the chronic pain context present here. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376 notes that extracorporeal shockwave therapy is “optional” for plantar fasciitis. Here, however, there was no evidence that the applicant carried a specific diagnosis of plantar fasciitis for which extracorporeal shockwave therapy could have been considered. Little to no applicant-specific rationale accompanied the Request for Authorization. Finally, the Third Edition ACOEM Guidelines note that for most body parts, there is evidence that extracorporeal shockwave therapy is ineffective. Therefore, the request was not medically necessary.