

<b>Case Number:</b>	CM15-0011186		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37-year-old female who reported an injury on 10/24/2014 due to a book shelf falling on her. On 10/29/2014, she reported pain in the right knee and right lower leg rated at a 7/10 to 8/10, as well as pain in the right ankle rated at an 8/10. A physical examination showed +1 effusion in the right knee with tenderness to palpation of the medial and lateral joint lines, and to the patellofemoral joint. There was no instability noted and no medial or lateral collateral ligament instability. Range of motion was noted to be decreased in the right knee with flexion at 75 degrees and extension at negative 10 degrees. She had a positive McMurray's and Lachman's orthopedic test. There was also tenderness to palpation over the gastrocnemius muscle and +1 effusion with decreased sensation to the right ankle and tenderness to palpation of the medial and lateral malleolus. There was also tenderness to palpation over the anterior talofibular ligament. Sensation was decreased in the L4-S1 dermatomes to the right lower extremity and motor strength was also decreased secondary to pain. She was diagnosed with right lower leg contusion, right knee strain and sprain, and right ankle sprain and strain. The treatment plan was for extracorporeal shockwave therapy for the right knee, lower leg, and ankle 3 treatments for 1 month. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy for the right knee, lower leg and ankle, three treatments for one month:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The California ACOEM Guidelines indicate that limited evidence exists regarding extracorporeal shockwave therapy treatment and that while it appears to be safe, there is disagreement to its efficacy and there is insufficient high quality scientific evidence to determine its effectiveness. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right lower extremity. However, the guidelines do not support that there is sufficient evidence in this type of therapy. Therefore, the request would not be supported. Also, there is a lack of documentation showing that she has tried and failed other recommended conservative therapies. Therefore, the request is not supported. As such, the request is not medically necessary.