

<b>Case Number:</b>	CM15-0019962		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 35 year old male with an industrial injury dated 09/01/2005 to 02/01/2011 cumulative trauma. His diagnoses included cervical spine strain/sprain, cervical spine disc protrusion, thoracic spine strain/sprain, disc protrusion; status post thoracic spine fusion, lumbar spine disc disease, left knee tendinosis, rule out right knee internal derangement and rule out right knee meniscal tear. Prior treatments included medications. He presents on 12/11/2014 with complaints of pain in bilateral knees rated as 5/10 which had decreased from 7/10 on the last visit. There was tenderness to palpation of bilateral knees which remained the same since his last visit. McMurray's test was positive. Treatment plan included extracorporeal shockwave therapy of the left knee, once per week for 4 weeks.

### 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 left knee, once weekly for four weeks:** 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), Knee & Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Medical Policy # SURG.00045 Extracorporeal Shock Wave Therapy for Orthopedic Conditions  
[http://www.anthem.com/ca/medicalpolicies/policies/mp\\_pw\\_a050255.htm](http://www.anthem.com/ca/medicalpolicies/policies/mp_pw_a050255.htm).

**Decision rationale:** Regarding the request for ESWT for the left knee, California MTUS does not address the issue. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. There is a lack of peer reviewed literature to support ESWT for this worker's condition. Given this, the currently requested ESWT for the left knee is not medically necessary.