

<b>Case Number:</b>	CM15-0038043		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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

### 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 44 year old female, who sustained an industrial injury on September 25, 2014. She has reported cervical and lumbar spine pain, right wrist, knee and ankle pain and psychological difficulty including depression and anxiety. The diagnoses have included cervical myofascitis, cervical sprain/strain, lumbar myospasm, lumbar sprain/strain, right wrist, knee and ankle myofascitis and sprain/strain, anxiety and depression. Treatment to date has included radiographic imaging, diagnostic studies, pain injections, conservative therapies and work restrictions. Currently, the IW complains of cervical and lumbar spine pain, right wrist, knee and ankle pain and psychological difficulty including depression and anxiety. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She has been treated conservatively without resolution of the pain. Evaluation on January 15, 2015, revealed continued pain. Extracorporeal shockwave therapy, 1 time per week for 3 weeks for the neck, right wrist, and right ankle was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy, 1 time per week for 3 weeks for the Neck, Right Wrist, and Right Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation J Orthop Surg Res. 2012 Mar 20;7:11. doi: 10.1186/1749-799X-7-11. Extracorporeal shockwave therapy in musculoskeletal disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter: Extracorporeal Shockwave Therapy ankle chapter: Extracorporeal Shockwave Therapy elbow/wrist chapter: Extracorporeal Shockwave Therapy.

**Decision rationale:** According to the 02/12/2015 report, this patient presents with frequent moderate neck pain, frequent moderate right wrist pain, and intermittent moderate knee and frequent moderate ankle pain. The current request is for Extracorporeal Shockwave Therapy, 1 time per week for 3 weeks for the Neck, Right Wrist, and Right Ankle. The request for authorization is not included in the file for review. The patient's work status is "remain off work until 03/29/2015." Regarding ESWT, MTUS and ODG does not discuss ESWT for the cervical spine, however ODG guidelines does discuss ESWT for the lumbar spine. ODG states "Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged (Seco, 2011)." The request IS NOT medically necessary. Regarding ESWT for the ankle, ODG states "Not recommended using high energy ESWT. Recommended using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia." In reviewing the available medical records, the treating physician does not document that the patient has chronic plantar fasciitis to warrant the use of Extracorporeal Shockwave Therapy. The request IS NOT medically necessary. Regarding ESWT for the wrist under the elbow chapter, ODG states "Not recommended using high energy ESWT. Under study for low energy ESWT, where the latest studies show better outcomes without the need for anesthesia." In this case, due to the lack of support from the guidelines, the request IS NOT medically necessary.