

<b>Case Number:</b>	CM15-0063643		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 47-year-old female, who sustained an industrial/work injury on 7/9/13. She reported initial complaints of neck, low back, and right knee pain. The injured worker was diagnosed as having cervical disc bulges, lumbar strain, and s/p right knee surgery pain. Treatment to date has included medication, ice/heat modalities, physical therapy, and chiropractic care. Currently, the injured worker complains of pain in the neck, lower back, and right knee. Per the primary physician's progress report (PR-2) on 1/20/15, noted that light touch sensation was intact in the right lateral shoulder, right thumb tip, right long tip, and right small tip. She was not interested in surgery at this time. The requested treatments included Extracorporeal Shockwave Therapy to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy, once a week for three weeks to the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg, Extracorporeal shock wave therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, ESWT.

**Decision rationale:** MTUS does not specifically address ESWT for the knee. ODG notes regarding ESWT for the knee; "Under study for patellar tendinopathy and for long-bone hypertrophic nonunion." While there is no specific indication for the use of ESWT for the knee the two above mentioned pathologies may be considered as recommended indications in situations where standard modalities of PT and exercise have failed to show benefit. The available medical record provides no indication that either of these diagnoses are present in this injured worker, nor does it provide any explanation as to why this requires this treatment modality. As such, the request for ESWT is deemed not medically necessary.