MAXIMUS Federal Services

| Case Number: | CM15-0076475 | | |
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| Date Assigned: | 06/02/2015 | Date of Injury: | 05/30/2013 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

## 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
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 53 year old male who sustained an industrial injury on 05/30/2013. The injured worker was diagnosed with lumbar disc displacement, lumbar radiculopathy, post-traumatic osteoarthritis left knee, derangement of the posterior horn of the medial and lateral meniscus of the left knee and sleep disorder. Treatment to date includes diagnostic testing, chiropractic therapy, acupuncture therapy, physical therapy, surgery, intra articular injections to left knee and medications. The injured worker underwent left knee arthroscopy with partial lateral and medial meniscectomy, extensive synovectomy of the patellofemoral, medial and lateral compartments and chondroplasty on October 10, 2014. According to the primary treating physician's progress report on March 3, 2015, the injured worker continues to experience low back pain radiating down the left leg into the foot and great toe associated with numbness and tingling. The injured worker rates his back pain at 4-5/10 and his leg and ankle pain at 5/10. The injured worker also reports left knee pain and muscle spasm which he rates as 4-5/10. Examination of the lumbar spine demonstrated the injured worker was able to heel and toe walk with pain elicited in his lower back with heel walking. Flexion causes low back pain with fingers to the distal tibias. Tenderness to palpation is noted at the lumbar paravertebral and quadratus lumborum muscles with a trigger point on the left side. The lumbosacral junction and left sciatic notch were tender. Decreased range of motion was noted in all planes with positive Tripod sign, Flip-test and Lasegue's sign bilaterally. The left knee revealed a +2 effusion with tenderness to palpation at the prepatellar bursa, pes anserine bursa and over the medial line joint with patellofemoral crepitance. Apley's and patellofemoral compression tests were positive.

Anterior/posterior drawer was negative. There was decreased flexion with no ligament instability noted. The left ankle was non-tender with diminished plantar flexion motion at 25 degrees/30 degrees, and dorsiflexion, inversion and eversion within normal limits. Sensory was decreased at the L4 and L5 dermatomes of the left lower extremity, slight decreased in motor strength due to pain and vascular and deep tendon reflexes were within normal limits. Current medications are listed as Dicopanol suspension, Deprizine suspension, Fanatrex suspension, Synapryn suspension and Tabradol suspension. The current request is for unknown sessions of shockwave therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown sessions of shockwave therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 14 Ankle and Foot Complaints page(s): 203, 371. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Knee & Leg, Shoulder, Extracorporeal shock wave therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back & Knee and Leg Chapter, Shock wave therapy.

**Decision rationale:** Regarding the request for ESWT, this patient has pathology affecting the low back, ankle, and knees. Specifically for the lumbar spine, California MTUS does not address the issue. The Official Disability Guidelines specifically do not recommend shockwave therapy for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. The direct excerpt from the Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy is as follows: "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). Furthermore, there is limited evidence to support ESWT for the upper and lower extremities as mentioned in a progress note from 3/3/15. Given this, the currently requested ESWT is not medically necessary.