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| Case Number: | CM13-0016783 | | |
| Date Assigned: | 11/06/2013 | Date of Injury: | 05/17/2011 |
| Decision Date: | 01/14/2014 | UR Denial Date: | 08/20/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old male who reported injury on 05/17/2011. The mechanism of injury was stated to be a twisting injury. In March 2012, the patient underwent left ankle surgery. The patient had moderate-to-severe pain, rated 6-8/10, that was constant. The patient was tender at the surgical site, anterior talofibular ligament and peroneal tendon. The Tinel's was positive at the tarsal tunnel. The diagnoses were noted to include status post-surgical tendon repair, severe left ankle sprain/strain, peroneal tendonitis of the left foot and a ganglion cyst on the left foot. The request was made for Outpatient Shockwave Therapy treatment 1 x per week x 6 weeks for the left ankle/foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Shockwave Therapy treatment, 1x6, for left ankle/foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot Chapter..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Extracorporeal Shockwave Therapy, Online Version..

Decision rationale: ACOEM guidelines indicate that extracorporeal shockwave therapy is optional in the treatment of plantar fasciitis; they also indicate that there is insufficient high-quality scientific evidence to determine the effectiveness of this treatment. This patient is noted to be post-operative for the left ankle and is not noted to have plantar fasciitis. As such, secondary guidelines were applied. Official Disability Guidelines do not recommend using high energy ESWT. Clinical documentation submitted for review indicated that the patient had constant pain, had undergone left ankle surgery and had tenderness at the surgical site, anterior talofibular ligament and peroneal tendon as well as a mild antalgic gait. However, clinical documentation failed to document whether the patient had exceptional factors to necessitate non-adherence to guidelines in both ACOEM and Official Disability Guidelines. Given the above, the request for Outpatient Shockwave Therapy treatment 1x6 for left ankle/foot is not medically necessary.