

<b>Case Number:</b>	CM13-0018323		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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. The expert 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 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/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 injured worker is a 38-year-old male who reported an injury on 10/09/2013 while working his customary job a 1000 pound pipe flipped and struck him under the chin that landed on his back and resulted in a loss of consciousness. The individual complained of headaches, located about the back of the head, dizziness, vertigo, memory problems, ringing in his ears, loss of balance, depression, anxiety, and sleep difficulty. He also complained of lower back pain that radiated to the right leg, right hip, and foot pain. The diagnoses included post-concussion syndrome, probable post-traumatic vestibular dysfunction, and orthopedic issues are deferred. Diagnostics included an x-ray and CT scan. The physical examination dated 08/09/2013 revealed the injured worker was alert and oriented to time, place, and person. A brief assessment of memory recall revealed some difficulty. Visual fields were full to confrontation, pupils equal, round, and reactive to light. Coordination: Romberg was negative. There was decreased sensation to pinprick around the L5-S1 dermatomes. Deep tendon reflexes were 1-2+ bilaterally. Medications included Pamelor 10 mg. The examination for the left foot was not provided. The treatment plan included shockwave therapy for the left foot and electronystagmogram. The Request for Authorization dated 11/19/2013 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LOW ENERGY EXTRACORPOREAL SHOCKWAVE TREATMENT, LEFT FOOT:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2ND EDITION, ANKLE AND FOOT COMPLAINTS, 371 AND TABLE 14-6

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The request for low energy extracorporeal shockwave treatment, left foot is not medically necessary. The California MTUS/ACOEM indicates limited evidence exists regarding the extracorporeal shockwave therapy in treating plantar fasciitis. While it appears to be safe there is disagreement in the efficacy. Insufficient high quality scientific evidence exists to determine clearly the efficacy of the therapy. The physical findings were vague and limited. As such, the request is not medically necessary.

**ELECTRONYSTAGMOGRAM (ENG):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline.com

**Decision rationale:** The request for electronystagmogram is not medically necessary. The California MTUS/ACOEM and Official Disability Guidelines do not address, therefore, referred to Medline Plus. Electronystagmography is a test that looks at eye movements to see how well 2 nerves in the brain are working. The nerves are the vestibular nerve and the oculomotor nerve. The clinical notes do not indicate any abnormalities in the cranial nerves. The individual had some blurred vision. Romberg was negative. As such, the request is not medically necessary.