

Case Number:	CM13-0027390		
Date Assigned:	11/22/2013	Date of Injury:	10/09/2012
Decision Date:	02/19/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/20/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 37 year-old with a date of injury of 10/09/12. The mechanism of injury was being struck by a 1,000 pound pipe under his chin. He lost consciousness, landed on his back and the pipe fell on his right foot. He was diagnosed with a right ankle fracture and lumbar strain. It is unclear in the record the relationship between the injury on the right side and plantar fasciitis of the left foot. The most recent progress note (PR-2) included by [REDACTED], dated 08/29/13, is difficult to read. Subjective complaints included low back pain that apparently was improving with "therapy." It was noted that the patient had 2 sessions of extracorporeal shockwave treatments (ESWT). The efficacy was not noted. Objective findings included tenderness of the lumbar spine. Exam of the left foot was unclear. Diagnoses indicate that the patient has "plantar fasciitis, left foot; status-post open reduction and internal fixation of the ankle; lumbar strain". Treatment has included previous home exercises and oral medications. Treatment now recommended is ESWT. A Utilization Review determination was rendered on 09/03/13 recommending non-certification of "low energy extracorporeal shockwave treatments, 1 per week for 3 weeks left foot".

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 3 (1 x week for 3 weeks) left foot:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Extracorporeal Shock Wave Therapy

Decision rationale: Extracorporeal Shock Wave Therapy (ESWT) is not addressed in the California Chronic Pain MTUS Guidelines. The ACOEM section states that limited evidence exists regarding ESWT in treating plantar fasciitis. The Official Disability Guidelines (ODG) recommends using low energy ESWT as an option for chronic plantar fasciitis. However, the following criteria are listed: heel pain from plantar fasciitis has remained despite six months of treatment, at least three conservative treatments have been performed prior to using ESWT (rest; ice; NSAIDs; orthotics; physical therapy; injections), maximum of 3 therapy sessions over 3 weeks and contraindicated in pregnancy, clotting disorders, pacemaker status, physical or occupational therapy within the prior 4 weeks, steroid injection in the last 6 weeks, or previous surgery for the condition. In this case, there has been prior treatment with an NSAID as well as conservative therapy including rest and exercise. The patient has had an open reduction and internal fixation of the ankle but there is no plan or indication for surgery on the foot. Based on the above criteria, the claimant does meet the criteria for ESWT and the frequency requested is appropriate.

Chiropractic for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation

Decision rationale: The California Chronic Pain Medical Treatment Utilization Schedule (MTUS) Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, a trial of 6 visits over 2 weeks, and with objective evidence of functional improvement, total of up to 18 visits over 6-8 weeks. There are no documentation criteria in the guidelines. A handwritten PR-2 indicates that the patient has ongoing low back pain, weakness, and objective finding of decreased range-of-motion and positive straight leg raising. As such, a trial of chiropractic meets medical necessity. However, no specific request for frequency or duration of treatments has been requested. The guidelines do not support unlimited or unspecified number of treatments.