

<b>Case Number:</b>	CM13-0030294		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 licensed in Chiropractic, has a subspecialty in Acupuncture, and is licensed to practice in Texas. 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 patient is a 49-year-old male who reported a work-related injury on 5/2/12; the specific mechanism of injury was not stated. The patient presented with complaints of pain to the left lower extremity, to include the knee, ankle, foot and shin; the patient rated his pain at a 4/10. The provider documented that the patient's range of motion to the knee was at 110 degrees of flexion and 0 degrees of extension. Ankle range of motion to the left was 10 degrees of external rotation, 10 degrees of extension, 15 degrees of inversion, and 10 degrees of eversion. The provider recommended an orthopedic consultation for the patient to address left knee and left ankle complaints due to ongoing pain, positive MRI findings, and prior orthopedic recommendations for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**three sessions of shockwave therapy to the left ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

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

**Decision rationale:** The clinical documentation submitted for review reports that the patient continues to present with moderate complaints of left lower extremity pain, to include the left foot, shin, leg, knee and ankle. The California MTUS/ACOEM does not specifically address shockwave therapy (ESWT); instead, the Official Disability Guidelines were cited. They indicate that "the results of various measures, both within and across the above studies, did not provide consistent and compelling evidence that ESWT improved health outcomes related to plantar fasciitis. The improvement seen could have been a result of the natural course of the disease. In addition, a maximum of 3 therapy sessions over 3 weeks of low energy ESWT without local anesthesia is recommended." The patient does not present with a diagnosis of plantar fasciitis, which would be indicated for the requested intervention. Given all of the above, the request for three sessions of shockwave therapy to the left ankle is not medically necessary or appropriate.