

<b>Case Number:</b>	CM13-0039264		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Orthopedic Surgery 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 49-year-old female who was injured in a work related accident on 04/24/12. The specific requests in this case are in regard to the claimant's lower extremities. A PR2 report for review dated 10/07/13 with [REDACTED], stating continued complaints of left heel pain, aggravated by walking. It describes an examination with tenderness to the left heel as well as underlying lumbar complaints. The claimant's diagnosis was that of tendonitis and an ankle sprain with Achilles tendonitis and heel spurring. It was noted at that time the time was to continue with electroshock wave therapy sessions for the tendonitis of the Achilles as well as calcaneal spurring. Specific clinical imaging is not available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Low Energy Extracorporeal Shockwave Therapy x 3 (1 x every 2 weeks) for Achilles Tendinitis/Bone Spur:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot & Ankle.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

**Decision rationale:** Based on California ACOEM Guidelines, the role of extracorporeal shockwave therapy (ESWT) times three sessions would not be indicated. California ACOEM Guidelines clearly indicates that limited evidence exist regarding ESWT treatment in plantar fasciitis or related ankle conditions. Insufficient long term literature to support its efficacy would fail to necessitate the treatment as requested.

**Low Energy Extracorporeal Shockwave Therapy x 3(1 x every 2 weeks) for Calcaneal Spur:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot & Ankle

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

**Decision rationale:** Based on California ACOEM Guidelines, the role of extracorporeal shockwave therapy times three sessions would not be indicated. California ACOEM Guidelines clearly indicates that limited evidence exist regarding ESWT treatment in plantar fasciitis or related ankle conditions. Insufficient long term literature to support its efficacy would fail to necessitate the treatment as requested.