

<b>Case Number:</b>	CM13-0044774		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 and Rehabilitation, Pain Management has a subspecialty in Interventional Spine 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:

This is a 43 year old male with a 4/20/10 industrial injury claim. He has been diagnosed with plantar fasciitis. According to the records, on 10/7/13, he presents for recheck of the left heel. PRP injections were denied, and the podiatrist is recommending ECSW therapy for the left heel. [REDACTED] UR denied the ECSW request on 10/11/13, because the patient recently underwent endoscopic plantar fascia release on 4/30/13, and ODG guidelines lists prior planar fasciitis surgery as a contraindication for shockwave therapy. The attorney for the patient disputes the UR decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Extracorporeal Shockwave Therapy to the Left Heel: 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), Ankle and Foot Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

**Decision rationale:** The request before me, is for shockwave therapy for the left heel. According to the 10/7/13 report from [REDACTED], the ESWT was for incomplete healing of the left plantar fascia. The diagnosis was planar fasciitis. MTUS/ACOEM guidelines do not provide a strong direction for or against shockwave therapy, they state: "Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy." ODG guidelines were consulted. ODG has criteria for ESWT for the ankle/foot, and lists contraindications. The contraindications include: "Patients who had previous surgery for the condition." According to the 4/30/13 operative report form [REDACTED], the patient did undergo endoscopic plantar fascia release of the left foot.