

<b>Case Number:</b>	CM13-0047725		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/01/2000
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information this patient suffered a right foot injury on 9-1-2000. This injury apparently led to plantar fasciitis. On 12-4-2012 the pt visited his podiatrist for evaluation of right plantar foot pain, and was diagnosed with plantar fasciitis. The treatment plan that day states: "ESWT to affected area". On 1-8-2013 the pt returned for follow up evaluation, the exam noted right foot pain, and the treatment plan that day states: "ESWT to affected area". On 4-16-2013 the pt again returned for evaluation of right foot, noted pain upon exam, and apparently underwent ESWT and strapping to the affected area. On 7-2-2013 the pt was evaluated and noted to have continued pain, and the treatment plan that day states: "ESWT and strapping to affected area, RX 12 chiropractic visits". On 10-22-2013 he received a cortisone injection to the right plantar fascia. The prior visit the podiatrist stated that he was going to request an ultrasound guided injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) chiropractic treatments to the right foot:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** Pg 58 of the MTUS guidelines states that manual therapy and manipulation is not recommended for the foot and ankle.

**A diagnostic guided injection of the right plantar fascia:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371..

**Decision rationale:** After careful review of the MTUS guidelines involved in this case, it is my feeling that the decision for a diagnostic guided injection of the right plantar fascia is not medically reasonable or necessary. Pg 371 of chapter 14 of the MTUS guidelines states that Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The guidelines do not advise on a diagnostically guided injection to the plantar fascia.

**Extracorporeal Shock Wave Therapy (ESWT) and strapping to the right foot:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371..

**Decision rationale:** After careful review of the MTUS guidelines involved in this case, it is my feeling that the decision for Extracorporeal Shock Wave Therapy (ESWT) and strapping to the right foot is not medically necessary or reasonable at this time. MTUS guidelines state that there is limited evidence that exists regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Table 14-3 of the MTUS discusses treatments for plantar fasciitis, none of which include strapping of the foot.