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| <b>Case Number:</b>   | CM13-0049577 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 05/20/2013 |
| <b>Decision Date:</b> | 05/22/2014   | <b>UR Denial Date:</b>       | 10/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/08/2013 |

### 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 Board Certified in Physical Medicine and Rehabilitation, 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 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 42 year-old male who was injured on 5/20/13. He has been diagnosed with right ankle sprain and lumbar sprain. According to the 10/3/13 general surgery report from [REDACTED], the patient presents with 7/10 right ankle pain and 5/10 low back pain. [REDACTED] recommends a pain management evaluation, acupuncture, chiropractic care, topical creams, and orthopedic shockwave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PAIN MANAGEMENT ORTHO SHOCKWAVE THERAPY FOR THE RIGHT ANKLE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines

**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.

**Decision rationale:** The patient presents with low back and right ankle pain. He was reported to have tenderness at the lateral malleolus of the right ankle. The MTUS/ACOEM guidelines state that there is limited information on shockwave therapy for plantar fasciitis. This patient does not have plantar fasciitis, and MTUS/ACOEM does not recommend shockwave therapy for ankle strains. The Official Disability Guidelines were consulted, and they do not recommend shockwave therapy for ankle conditions other than plantar fasciitis. The request for shockwave therapy for the lateral malleolus of the right ankle is not in accordance with the MTUS/ACOEM or ODG guidelines. As such, the request is not medically necessary.