

Case Number:	CM13-0054981		
Date Assigned:	12/30/2013	Date of Injury:	05/02/2012
Decision Date:	03/26/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Practice 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 reported an injury on 05/02/2012 after his left ankle was caught in a machine which reportedly caused 3 fractures of the left ankle. Prior treatments have included immobilization, medications, activity modifications, physical therapy, and acupuncture. The patient's most recent evaluation of the left ankle reported that the patient had tenderness to palpation throughout the left foot with restricted range of motion. The patient's diagnoses included left chronic sprain/strain of the ankle, chronic sprain/strain of the foot, and internal derangement of the ankle and foot joint. The patient's treatment plan included 3 sessions of extracorporeal shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Shockwave therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 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): 371.

Decision rationale: The requested Shockwave therapy to left ankle x 3 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine only recommends extracorporeal shockwave therapy for plantar fasciitis that is non-responsive to conservative treatment. The clinical documentation submitted for review does not provide any evidence that the patient has a diagnosis of plantar fasciitis that has not been responsive to conservative therapy. Therefore, this treatment is not supported by guideline recommendations. As such, the requested Shockwave therapy to left ankle x 3 is not medically necessary or appropriate.