

Case Number:	CM13-0055350		
Date Assigned:	12/30/2013	Date of Injury:	02/21/2013
Decision Date:	03/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/19/2013

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, 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 38-year-old male sustained an injury on 2/21/13 while employed by [REDACTED]. Request under consideration include shockwave treatment to left ankle. The patient twisted his left ankle while exiting a truck. Denied are left leg, foot, hip, back, weight gain, internal, psyche, sexual dysfunction, and sleep disorder. Treatment has included at least 6 therapy sessions for normal x-ray findings. MRI on 10/21/13 showed small effusion and degenerative findings. Report from new PTP (peer-to-peer), [REDACTED], on 8/18/13 noted patient with 8/10 left ankle pain. Exam showed right antalgic gait with pain on provocative testing; ROM is normal to mildly decreased (not specified). Diagnosis was ankle pain with treatment for chiropractic, PT (physical therapy), acupuncture, ankle brace and ESWT, referral for sleep study, orthopedist, and toxicology. Report of 10/29/13 does not specify frequency or duration of ESWT (extracorporeal shockwave therapy) or specific indication. Request for shockwave treatment was non-certified on 11/1/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave treatment for the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter

Decision rationale: This 38-year-old sustained an injury on 2/21/13 while employed by [REDACTED]. Request under consideration include shockwave treatment to left ankle. The patient twisted his left ankle while exiting a truck. Treatment has included at least 6 therapy sessions for normal x-ray findings. MRI on 10/21/13 showed small effusion and degenerative findings. Report from new PTP (peer-to-peer), [REDACTED] on 8/18/13 noted patient with 8/10 left ankle pain. Exam showed right antalgic gait with pain on provocative testing; ROM (range of motion) is normal to mildly decreased (not specified). Diagnosis was ankle pain with treatment for chiropractic, PT (physical therapy), acupuncture, ankle brace and ESWT, referral for sleep study, orthopedist, and toxicology. Report of 10/29/13 does not specify frequency or duration of ESWT or specific indication. According to the Ankle and Foot Complaints Chapter of the ACOEM Practice Guidelines, Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating diagnosis of plantar fasciitis, Achilles tendinopathy or neuropathic foot ulcers in diabetes to reduce pain and improve function. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The request for shockwave treatment for the left ankle is not medically necessary or appropriate.