

Case Number:	CM13-0058333		
Date Assigned:	12/30/2013	Date of Injury:	11/11/2011
Decision Date:	03/27/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/31/2013

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 Occupational Medicine 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 is a 48 year-old injured worker with date of injury of 11/11/11. The patient tripped and fell, twisting her left foot and ankle and falling forward directly onto both elbows and forearms, as well as the left knee. The fall resulted in the fracture of the left 5th metatarsal. The primary treating physician's comprehensive report, dated 10/15/2013, states objective findings of tenderness over the 5th metatarsal styloid region, tenderness over the lateral ligamentous joint complex and to a lesser extent over the medial ligamentous joint complex. There is also additional tenderness noted over the anterior talofibular ligament of the left ankle. Diagnoses: include left foot and ankle strain with resultant fifth metatarsal fracture. Lateral and medial oblique radiographs of the left foot and ankle revealed evidence of a healed fracture over the fifth metatarsal midshaft region. There is no evidence of change in joint spacing. Bone density, soft tissue and cartilage remain unremarkable. Over the course of one year, treatment to the left foot and ankle has consisted of physical therapy and acupuncture. There is no record that the left plantar fascia has been injected with corticosteroids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy (ESWT) for the right foot and ankle: Upheld

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

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

Decision rationale: The ACOEM Guidelines, Ankle and Foot Complaints chapter, states that there is insufficient evidence to recommend extracorporeal shockwave therapy; therefore, the Official Disability Guidelines (ODG) were referenced. The ODG has specific requirements for the recommendation of ESWT. The patient needs to have been symptomatic for at least 6 months, and 3 of the following treatments need to have failed: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). The medical records provided for review indicates that four of the treatments have been provided; the patient has had rest for the left foot, NSAIDs, orthotics, and physical therapy without resolution of pain. The request is for 3 treatments of ESWT to each of the affected areas in the right foot and ankle, which is ordered by the orthopedist in their hand-written progress note of 10/07/2013. The request for extracorporeal shockwave therapy for the right foot and ankle is not medically necessary and appropriate.