MAXIMUS Federal Services

Case Number:	CM13-0064448		
Date Assigned:	01/03/2014	Date of Injury:	04/11/2011
Decision Date:	08/06/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 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:

This 39 year-old patient sustained an injury on 4/11/11 while employed by [redacted]. Request under consideration include Six shockwave therapy sessions. Diagnoses include Bilateral heel spurs; plantar fasciitis; s/p right ankle ligament reconstruction with residual sprain/ tarsal tunnel syndrome; anxiety/depression; and gastrointestinal upset. Conservative care has included customized orthotic, heel cups, NSAIDs, Home exercise program, and night splints. Report from the provider noted patient with worsening right heel pain with inability to put pressure on heel while walking with compensatory gait changes. The patient is noted to have diabetes with body mass index of 54+; and has fallen when putting weight on right foot/ankle. Exam showed slow, awkward giat favoring right lower extremity, tenderness to palpation of right mid foot across dorsum of entire foot and plantar fascia heel insertion, increased pain with heel walk, positive Tinel's sign, moderate heel swelling and decreased ankle/foot range of motion. Treatment included medications and extracorporeal shockwave therapy (ESWT) for chronic plantar fasciitis. The request for Six shockwave therapy sessions was non-certified on 11/26/13 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:

Six shockwave therapy sessions: 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, Ankle & Foot (Acute & Chronic).

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 (ODG) Ankle & Foot, Extracorporeal shock wave therapy (ESWT), page 16-17.

Decision rationale: This 39 year-old patient sustained an injury on 4/11/11 while employed by [redacted]. Request under consideration include Six shockwave therapy sessions. Diagnoses include Bilateral heel spurs; plantar fasciitis; s/p right ankle ligament reconstruction with residual sprain/ tarsal tunnel syndrome; anxiety/depression; and gastrointestinal upset. Conservative care has included customized orthotic, heel cups, NSAIDs, Home exercise program, and night splints. Report from the provider noted patient with worsening right heel pain with inability to put pressure on heel while walking with compensatory gait changes. The patient is noted to have diabetes with body mass index of 54+; and has fallen when putting weight on right foot/ankle. Exam showed slow, awkward giat favoring right lower extremity, tenderness to palpation of right mid foot across dorsum of entire foot and plantar fascia heel insertion, increased pain with heel walk, positive Tinel's sign, moderate heel swelling and decreased ankle/foot range of motion. Treatment included medications and extracorporeal shockwave therapy (ESWT) for chronic plantar fasciitis. The patient has diabetes with ongoing neuropathy of the 3rd to 5th toes. Exam has shown positive Tinel's at tarsal tunnel with decreased sensation of foot and EMG/NCS evidence for neuropathy involving the extensor digitorum brevis and intrinsic muscles of the foot. With evidence of nerve damage, ESWT would be contraindicated in this case. Report from the provider does not specify frequency or duration of ESWT. Submitted reports have not demonstrated specific clinical findings to support for this treatment. Per Guidelines, Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating diagnosis of plantar fasciitis 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. The Six shockwave therapy sessions is not medically necessary and appropriate.