

Case Number:	CM13-0071490		
Date Assigned:	01/08/2014	Date of Injury:	08/07/2010
Decision Date:	05/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/27/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 60 year old male who reported an injury on 08/07/2010. The injured worker has documented physical evaluations with the most recent dated on 10/09/2019. The injured worker has 70% improvement in pain relief of left foot plantar fasciitis due to use of orthotics, NSAIDS, Voltaren gel and physical therapy. An examination the injured worker had 12 degrees of dorsiflexion and 40 degrees of plantar flexion and slight pain along the medial slip of the plantar fascia. An exam dated 11/20/2013 documented the injured worker still has pain with longstanding period of time and extended walking. The exam is unchanged in range of motion. The plan to get rid of the remaining 30% pain is shock wave therapy and a follow up visit in four to five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE THERAPY (5 TREATMENTS ONCE A WEEK): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Shockwave Therapy.

Decision rationale: The injured worker who reported a left foot injury on 08/07/2010 has been evaluated and diagnosed with left foot plantar fasciitis. Conservative treatment of NSAIDS, orthotics and physical therapy have been effective in relieving pain by 70% as noted in the most recent physical evaluation. The plan to relieve the remaining 30% pain includes shock wave therapy to the injured site. The Official Disability Guidelines recommends extracorporeal shock wave therapy for injured workers who have continued pain despite six months of standard treatment, at least three conservative treatments including NSAIDS, orthotics and physical therapy. Guidelines also state a maximum of 3 therapy sessions over 3 weeks with low energy ESWT without local anesthesia is recommended. The requested 5 sessions exceed the recommended 3 sessions. As such, the request is not medically necessary.