

Case Number:	CM13-0072087		
Date Assigned:	01/08/2014	Date of Injury:	05/05/2010
Decision Date:	07/14/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/30/2013

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 Internal Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in New York. 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 patient is a 58-year-old who was injured on May 5, 2010 who over the years developed pain in his lower back. He was under severe stress and mental problems due to extensive work hours. Prior treatment history has included the patient undergoing a right knee chondroplasty of the medial femoral condyle, resection of the plica and extensive synovectomy. Postoperative the patient continued physical therapy as well as pool therapy. Over time he states his right knee improved, however, he continued to note ongoing low back pain with radiating symptoms down his right leg to his heel. He states this right leg was also weak and tender due to his progressive right knee. To address his heel pain, the patient was prescribed Extracorporeal Shock Wave Treatment to his heels. His medical treatment has Lyrica, Vicodin, Soma, Cymbalta, Omeprazole and Norco. AME dated November 11, 2013 documented the patient with complaints of constant low back pain rated at 5-6/10 radiating to bilateral lower extremities down to bilateral heels. There was no physical examination documented pertaining to bilateral heels. The patient was diagnosed with bilateral heel spurs complicated by symptoms of the bilateral heels. Objective findings on exam reveal the patient is able to walk on his heels and toes without difficulty. There is mild tenderness of the posterior heel pad on the left. There is no swelling or ecchymosis noted. Ligament examination is within normal limits. There is no medial or lateral instability noted bilaterally. The treating provider has requested shockwave treatment 1x 3 for the bilateral heels.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOCKWAVE TREATMENT 1X3 FOR THE BILATERAL HEELS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine- Extracorporeal Shock Wave Therapy.

Decision rationale: Extracorporeal shock wave therapy (ESWT) is thought to relieve pain by disrupting scar tissue, causing microscopic damage to that tissue. This induces new blood vessel formation into the injured area and facilitates the healing process. The above referenced guideline has no recommendation for or against ECST for plantar fasciitis. Per the reviewed reference, systematic evidence reviews of ESWT for plantar fasciitis have concluded that the effectiveness of this intervention is unknown. There is no documentation that ESWT therapy has proved beneficial for his heel condition. Medical necessity for the requested service has not been established. The request for shockwave treatment for the bilateral heels, once weekly for three weeks, is not medically necessary or appropriate.