

Case Number:	CM14-0001643		
Date Assigned:	01/22/2014	Date of Injury:	11/11/2011
Decision Date:	06/02/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/06/2014

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 Neurology has a subspecialty in Neuromuscular 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 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 48-year-old woman who sustained a work-related injury on November 11, 2011. Subsequently the patient developed left ankle and foot pain secondary to fracture of the fifth metatarsal. She was diagnosed with plantar fasciitis. According to the physical examination performed on October 7, 2013, there is a hyperpronation of the calcaneus and a pes planus deformity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT) 3 TREATMENTS TO RIGHT ANKLE/FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ODG ANKLE AND FOOT CHAPTER - EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT).

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

Decision rationale: According to MTUS guidelines, <Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient

high quality scientific evidence exists to determine clearly the effectiveness of this therapy>
There no documentation of failure of at least 3 conservative modalities over 6 months (as per
ODG guidelines). Therefore the request for Extracorporeal Shock Wave Therapy (ESWT) 3
treatments to right ankle/foot is not medically necessary.