

<b>Case Number:</b>	CM14-0004036		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Pain Medicine and is licensed to practice in Florida. 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:

PR-2 on 12/17/13 requested bilateral EPAT (low-intensity shock wave) by treating provider five times each side for weekly treatment. 12/13/13 progress note indicates bilateral heel pain since 6/2012. The insured reports pain and has been in a CAM walker. Examination reported pain palpated at plantar calcaneus of right and left foot. Ultrasound examination reports proximal thickening at insertion of plantar fascia of right foot with calcaneal spur. The left side was normal. The treating provider recommended stretching exercises and EPAT, done weekly, for 5 treatments on each foot. Treatment note of 10/29/13 reports bilateral foot pain that has been treated with cast application. Examination noted pain to the right hind foot/calcaneus with side to side palpation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal pulse activation treatment (EPAT) five times bilateral for weekly treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-

MTUS Official Disability Guidelines (ODG), Ankle and Foot Chapter,  
Extracorporeal shock wave therapy.

**Decision rationale:** EPAT is equivalent with low energy Extracorporeal shock wave therapy (ESWT). The medical records provided for review supports the insured has pain of the foot despite six months of standard treatment which has included rest, orthotics, and physical therapy. However, the request is five sessions which exceeds the recommended maximum of 3 therapy sessions per the ODG guidelines. The request for Extracorporeal pulse activation treatment (EPAT) five times bilateral for weekly treatment is not medically necessary.