

Case Number:	CM14-0102401		
Date Assigned:	09/16/2014	Date of Injury:	10/08/2013
Decision Date:	11/05/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/02/2014

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 Family Medicine and is licensed to practice in New York and New Jersey. 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 was injured on 10/8/13. He complained of bilateral heel pain. He was diagnosed with plantar fascial fibromatosis and plantar fasciitis. This limited lacks a full history, mechanism of injury, medications used, if injections were prescribed, and information on conservative measures such as physical therapy, rest, and ice. The one progress note stated that an orthotic was not relieving symptoms. The current request is for bilateral heel orthotripsy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Heel Orthotripsy x5 Treatments 0091T: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (updated 3/26/14) Extracorporeal Shock Wave Therapy (ESWT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): p370-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Ankle & Foot, ESWT>

Decision rationale: The request is not considered medically necessary. According to the MTUS guidelines, there is limited evidence showing that orthotripsy is effective in reducing pain and

improving function when treating plantar fasciitis. It appears safe, but there isn't enough high quality scientific evidence to demonstrate efficacy. In this limited chart, there is no documentation of conservative measures used such as medications, physical therapy, injections, rest, and ice. The chart doesn't demonstrate that he meets any criteria for the use of ESWT. Therefore, the request is considered medically unnecessary.