

Case Number:	CM14-0010618		
Date Assigned:	02/21/2014	Date of Injury:	08/20/2012
Decision Date:	07/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational 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 49-year-old male who has submitted a claim for right ankle/foot sprain/strain with right foot plantar fasciitis associated with an industrial injury date of August 20, 2012. Medical records from 2013-2014 were reviewed. The patient complained of right foot pain and stiffness. It was moderate in intensity and was frequent. There was also pain at the plantar fascia which was decreased from moderate to mild level. Recent physical examination showed tender plantar fascia with full range of motion. Other objective findings were handwritten and illegible. Ultrasound of the bilateral foot, dated June 21, 2013, revealed right plantar fasciitis. EMG NCV of the lumbar spine and right lower extremity, dated April 9, 2013, showed no evidence of lumbar radiculopathy or plexopathy affecting the L3 to S1 lower motor nerve fibers of the right lower extremity or the corresponding lumbar paraspinals, and no evidence of peripheral neuropathy or mononeuropathy affecting the right lower extremity. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, OrthoStim unit, and activity modification. Utilization review, dated January 17, 2014, denied the request for 5 high &/or low energy extracorporeal shockwave treatment (5 per diagnosis) between 1/5/2014 and 3/1/2014 because treatment was limited to a maximum of 3 therapy sessions over 3 weeks, guidelines recommend low energy extracorporeal shockwave therapy for treatment of plantar fasciitis, and he has not failed acupuncture as a conservative form of treatment. An appeal letter, dated March 11, 2014, stated the it can provide the patient with long-lasting sustainable gain and cited evidence that the treatment was effective and safe for patients with plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 5 HIGH &/OR LOW ENERGY EXTRACORPOREAL SHOCKWAVE TREATMENT (5 PER DIAGNOSIS) BETWEEN 1/15/2014 AND 3/1/2014: 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), Ankle & Foot (Acute & Chronic).

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 Section, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that low energy extracorporeal shockwave therapy (ESWT) is recommended as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT) include patients whose heel pain from plantar fasciitis has remained despite six months of standard treatment, at least three conservative treatments have been performed prior to use of ESWT, and maximum of 3 therapy sessions over 3 weeks. In this case, the patient complains of right foot pain. He was diagnosed with right foot plantar fasciitis. Recent progress report dated January 7, 2014, stated that there was failure of physical therapy and cortisone injections. Patient had a series of acupuncture sessions which provided pain relief. The medical necessity has been established. However, the present request failed to specify the body part to be treated. Therefore, the request for PROSPECTIVE REQUEST FOR 5 HIGH &/OR LOW ENERGY EXTRACORPOREAL SHOCKWAVE TREATMENT (5 PER DIAGNOSIS) BETWEEN 1/15/2014 AND 3/1/2014 is not medically necessary.