

<b>Case Number:</b>	CM14-0012138		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Podiatric 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:

According to the enclosed information, this patient injured his foot on 6/15/2011. Progress notes reveal that this patient has been treated for plantar fasciitis with custom orthotics. An MRI dated 8/15/2012 reveals mild osteoarthritis of the first MPJ and plantar fasciitis. On 11/20/2013 this patient was evaluated and noted to have plantar fasciitis bilaterally. The patient states that his pain is getting worse even though he has been using custom orthotics, home physical therapy and stretching, and medication. Physical exam that day reveals intact plantar fascia bilateral. ESWT 14 was recommended for this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SHOCKWAVE THERAPY 1X4 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Criteria for low energy ESWT.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370,371. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Ankle and Foot Chapter

**Decision rationale:** Chapter 14, page 370 of the MTUS guidelines states that a heel donut, soft supportive shoes, and rigid orthotics are recommended for the treatment of plantar fasciitis. This patient has a diagnosis of plantar fascia. Page 371 of chapter 14 discusses ESWT specifically. The guidelines state that there is limited evidence 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. Therefore, the request for shock wave therapy 1x4 weeks is not medically necessary and appropriate.