MAXIMUS Federal Services

Case Number:	CM14-0014533		
Date Assigned:	02/28/2014	Date of Injury:	04/20/2011
Decision Date:	06/27/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine and Rehabilitation 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 53 year old female who was injured on 08/20/2011. She was patrolling athe building on the second floor when a co-worker realized she did not have a key to the door. So when she turned around to go back downstairs, she missed a step, twisting her left ankle. Prior treatment history has included x-ray of the left ankle, ice pack, physical therapy, medications, and ankle brace. She has used an ice pack, shockwave and rest for 2 hours make the pain better. Diagnostic studies reviewed include MRI of the left ankle performed on 11/12/2013 demonstraes posterior tibialis tenosynovitis, subcutaneous edema and calcaneal spurring. Follow-up evaluation report dated 12/16/2013 indicates the patient has tenderness over the medial lateral joint line of the ankle. There is mild swelling laterally. There is tenderness over the heel and toe-walk is with difficulty. The patient is diagnosed with left ankle post tibialis and calcaneal spurring. The treatment and plan includes shockwave treatment to the left ankle. Prior UR dated 01/22/2014 states the request for extracorporeal shockwave treatment is non-certified as there is no documented diagnosis to support this treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

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

Decision rationale: As per California MTUS guidelines and ODG, the criterion for ESWT is heel pain from plantar fasciitis despite 6 months of standard treatment. A follow-up evaluation report dated 12/16/2013 indicates the patient is diagnosed with left ankle post tibialis and calcaneal spurring. Guidelines only recommend ESWT for plantar fasciitis and it is not a diagnosis documented in the medical record. As such, the medical necessity has not been established and the request is not medically necessary or appropriate.