

<b>Case Number:</b>	CM14-0014693		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/19/2007
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Neurological Surgery 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 injured worker is a 38-year-old female who sustained a work-related injury on June 19, 2007, due to continuous walking and standing with her duties. Prior treatment has included a left plantar fascia release and plantar fasciotomy performed on June 22, 2012. An ultrasound of the bilateral ankles was performed on December 18, 2013, which noted a small tear at the distal aspect of the left Achilles tendon with calcification, fibrosis, and adhesion. Currently, the injured worker complains of pain at the posterior aspect of the left calcaneus and difficulty walking after ten minutes. Physical examination noted tenderness of the left plantar, calcaneal, and Achilles tendon areas. A well-heeled scar was noted and the injured worker ambulated with an abnormal gait. Previous treatment has also included orthotics, anti-inflammatory medications, and physical therapy. A previous utilization management review, dated January 31, 2014, did not certify a request for extracorporeal shock wave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FIVE HIGH AND LOW ENERGY EXTRACORPOREAL SHOCKWAVE THERAPY TREATMENT AT LEFT ACHILLES TENDEN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Extracorporeal Shock Wave Therapy (ESWT)..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ANKLE & FOOT (ACUTE & CHRONIC) UPDATED MARCH 26, 2014, EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT)

**Decision rationale:** According to the Official Disability Guidelines, there is no convincing evidence that extracorporal shock wave therapy provides any improvement for Achilles tendinopathy and high energy treatment is not recommended for the Achilles tendon or for plantar fasciitis. For these reasons, this request is not clinically indicated. The request is not medically necessary and appropriate.