

Case Number:	CM14-0017006		
Date Assigned:	02/21/2014	Date of Injury:	05/05/2009
Decision Date:	07/14/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 26-year-old female who has submitted a claim for status post crush injury, right foot with residual pain symptomatology, associated with an industrial injury date of 5/5/09. Medical records from 1/3/14 to 1/27/14 were reviewed, showing that the patient complained of frequent right foot pain, rated 4-5/10, radiating to the right knee when performing weightbearing activities. Pain is aggravated by bending forward and backwards, lifting, and carrying, and is relieved by oral analgesics. Physical examination showed tenderness over the base of the right hallux, plantar fascia, and posterior medial malleolus. Range of motion was normal with pain at end ranges. Patient can toe and heel walk with pain. Motor strength was normal. Sensation was intact. Treatment to date has included oral analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES A WEEK FOR 6 WEEKS TO RIGHT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an

adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In this case, the patient complains of right foot pain radiating to the right knee. The medical records submitted for review showed no evidence of ongoing physical rehabilitation. As stated above, acupuncture may be used as an adjunct and not an alternative to physical rehabilitation. In addition, there is no evidence of reduction of or intolerance to oral analgesics. As such, the request is not medically necessary.

ORTHOSHOCK WAVE THERAPY TO RIGHT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

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, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The Official Disability Guidelines state 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. High energy ESWT is not recommended. In this case, the patient complains of right foot pain radiating to the right knee. However, guidelines recommend low energy ESWT for chronic plantar fasciitis, which the patient does not have. As such, the request is not medically necessary.