

Case Number:	CM14-0111336		
Date Assigned:	08/01/2014	Date of Injury:	01/03/2013
Decision Date:	12/24/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/16/2014

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 surgery 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, the original date of injury was 1/3/2013. On 3/5/2014 patient presents to their podiatrist with complaints of painful plantar fasciitis, left greater than right. The patient is requesting shockwave therapy for treatment, as they have undergone cortisone injections, orthotics, and physical therapy without relief of pain. Physical exam reveals a semi-has planus foot structure with over pronation, and pain along the medial slip of the plantar fascia. No edema, no erythema. The progress note does state that patient is 80% better with above prior treatments, but they would like to alleviate the remaining 20% with shockwave therapy. On 4/17/2014 patient presents for follow-up, noting 90% resolution of pain. Shockwave therapy has been denied by insurance company. On 6/4/2014 patient again presented for follow-up to their podiatrist. Patient states that the bilateral plantar fasciitis pain has increased. Patient is requesting shockwave therapy for treatment, as well as Topaz plantar fasciotomy, and [REDACTED]. [REDACTED] Voltar boots. Patient states that every 3 to 4 months there boots tend to wear out, increasing the plantar fasciitis pain. Physical exam advises pain along the medial and lateral slits of the plantar fascia bilaterally, with a semi-has planus foot structure and overpronation. A diagnosis of plantar fasciitis is made. The podiatrist recommends shockwave therapy, Topaz plantar fasciotomy, and [REDACTED] Voltar boots as treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

High impact shock wave therapy for the bilateral feet.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines Ankle and Foot Chapter-Extracorporeal shock wave therapy (ESWT)

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 and foot, extracorporeal shock therapy

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, the decision for high impact shockwave therapy for bilateral feet is not medically reasonable or necessary according to the guidelines. The MTUS 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. For these reasons it does not appear that this treatment can't be deemed medically reasonable and necessary for this patient. Furthermore, ODD guidelines do not recommend high-energy extracorporeal shockwave therapy.

Topaz plantar fasciotomy for the bilateral feet.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2309316>, FootAnkle Surg 2012 Dec; 18(4): 287-92 coi; 10 1016/jfas.2012.05.001 Epub July 25.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, ankle and foot, surgery for plantar fasciitis Other Medical Treatment Guideline or Medical Evidence: Foot and Ankle Surgery, 2012, December; 18(4): page 287-292. Open technique is more effective than percutaneous technique for Topaz radiofrequency coblation for plantar fasciitis, Tay, KS.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, the decision for a Topaz plantar fasciotomy for bilateral feet is not medically reasonable or necessary for this patient at this time. The national guidelines do not specifically address the Topaz plantar fasciotomy procedure. The ODG guidelines do state that surgery for plantar fasciitis is not recommended. Studies show that no conclusions can be drawn on the efficacy of plantar fasciotomy surgery. Specific to the Topaz procedure, the mentioned article advises that there have been no long-term studies to show the efficacy of the Topaz procedure. Furthermore, there does not appear to be any blinded studies to demonstrate the Topaz efficacy as compared to other procedures.

Volair Boots: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, Knee chapter

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, the decision for [REDACTED] Volar boots is not medically reasonable or necessary according to the guidelines. The MTUS guidelines state that treatment for plantar fasciitis includes a heel donut, soft supportive shoes, and rigid orthotics. Apparently these [REDACTED] Volar boots are over-the-counter boots, it can be purchased in the store. There does not appear to be anything medically specialized about these shoes. Furthermore, ODD guidelines state that specialized shoe gear is recommended for knee osteoarthritis. This patient has a diagnosis of plantar fascia.