

Case Number:	CM14-0113591		
Date Assigned:	08/01/2014	Date of Injury:	01/13/2009
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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 Medicine and is licensed to practice in Texas. 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 50 year old female who sustained an injury on 01/13/09 while lifting objects. The injured worker developed multiple complaints to include pain in the bilateral knees as well as the left foot and ankle as well as the neck and bilateral shoulders and right upper extremity. The injured worker was noted to have had a prior right carpal tunnel release. The injured worker had also been followed by psychiatrist due to concurrent depression symptoms. Prior treatment has included aquatic therapy as well as stimulation therapy. Medications have included Norco as well as Gabapentin for pain. The injured worker has continued to report low back pain radiating to the left lower extremity as well as pain in the foot and heel. The injured worker was seen on 06/13/14 with continuing complaints of pain in left foot and ankle. This was a handwritten report and the injured worker's physical exam findings were not specific. The injured worker was assessed with plantar fasciitis in the left foot and recommended for extracorporeal shockwave therapy. This was denied by utilization review on 06/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy (ESWT) for the left heel and left: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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 Chapter, ESWT.

Decision rationale: In regards to the request for extracorporeal shockwave therapy for the left heel and foot for a diagnosis of plantar fasciitis, this therapy is recommended at low energy as an option. The current clinical literature has shown that low energy extracorporeal shockwave therapy was significantly superior to placebo with reduction of symptoms. Low energy extracorporeal shockwave therapy was found to be approved for effective treatment for majority of injured workers with chronic plantar fasciitis that had failed to respond to conservative treatment. In this case given the injured worker's continued symptoms of the left foot considered with plantar fasciitis that has failed multiple medications, the use of extracorporeal shockwave therapy would be supported by the current literature and guidelines. Therefore, this request is medically necessary.