

Case Number:	CM14-0138207		
Date Assigned:	09/05/2014	Date of Injury:	04/25/2011
Decision Date:	10/02/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/26/2014

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, has a subspecialty in Interventional Spine 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:

Based on the 07/09/2014 progress report, the patient complains of having a recent flareup of lower back pain. The request is for 6 therapeutic exercises. ODG Guidelines state the following: "Recommended. There is strong evidence that the exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated." Recommendation is for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excellence Shock Wave Therapy (ESWT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot (updated 07/29/14) Extracorporeal shock wave therapy (ESWT); criteria fo the use of 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), ODG-TWC guidelines has the following regarding ESWT: (<http://www.odg-twc.com/odgtwc/ankle.htm#Protocol>)

Decision rationale: Based on the 07/23/2014 progress report, the patient has signs and symptoms at the Achilles tendon and fasciitis. The request is for an Excellence Shock Wave Therapy. ESWT is a shock treatment indicated for such condition as calcific tendinitis of the shoulder, epicondylitis, and plantar fasciitis per ODG Guidelines. In regards to an ESWT for plantar fasciitis, ACOEM Guidelines page 371 states the following; "Limited evidence exist regarding extracorporeal shockwave 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 and scientific evidence exist to determine clearly the effectiveness of this therapy." Therefore, Excellence Shock Wave Therapy (ESWT) is not medically necessary.