

Case Number:	CM14-0170821		
Date Assigned:	10/23/2014	Date of Injury:	08/23/2014
Decision Date:	11/21/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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:

The injured worker is a 51 year old with an injury date on 8/23/14. Injured worker complains of ongoing right ankle pain, and pain in the right big toe and the toe adjacent to it per 9/2/14 report. Injured worker states her right leg pain has resolved, but still has right ankle/toe pain per 9/2/14 report. Based on the 9/2/14 progress report provided by [REDACTED] the diagnoses are: 1. contusion of lower leg 2. contusion of ankle Exam on 9/2/14 showed "tenderness to palpation in both medial and lateral muscles in right ankle. End of range of motion causes discomfort in right ankle." Injured worker's treatment history includes crutches, splint in right ankle. [REDACTED] Johnson is requesting three (3) shockwave therapy sessions for the right ankle, foot, and toe. The utilization review determination being challenged is dated 10/9/14. [REDACTED] is the requesting provider, and he provided a single treatment report from 9/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Shockwave Therapy Sessions for the Right Ankle, Foot and Toe: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Extracorporeal Shock Wave Therapy (ESWT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries. Number: 0649

Decision rationale: This injured worker presents with right ankle pain, right big toe pain. The treating physician has asked for 3 Shockwave Therapy Sessions for the Right Ankle, Foot, and Toe. ACOEM and ODG are silent regarding ESWT for ankle pain but usage for plantar fasciitis and for ankle tendonitis are not recommended. AETNA Policy Bulletin does not recommend ESWT treatments to be effective in addressing several lower extremity musculoskeletal conditions including osteonecrosis of the femoral head and patellar tendinopathy. In this case, the injured worker presents with a contusion of the ankle with resultant pain in the toes, and the requested three (3) shockwave therapy sessions for the right ankle, foot, and toe are not indicated for this type of condition. The request for 3 Shockwave Therapy Sessions for The Right Ankle, Foot and Toe is not medically necessary.