

Case Number:	CM14-0025698		
Date Assigned:	06/13/2014	Date of Injury:	08/27/2012
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/28/2014

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 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:

This is a male patient with the date of injury of August 27, 2012. A Primary Treating Physician's Report dated January 14, 2014 identifies Subjective Findings of frequent moderate right ankle throbbing and aches. Objective Findings; identify flexion 50 degrees, extension 20 degrees, inversion 40 degrees, and eversion 20 degrees, Pain in all planes, Positive anterior/posterior drawer test on the right, and Tenderness to palpation over the medial/lateral malleoli and dorsum of the right ankle. Diagnoses identify right ankle sprain/strain with derangement. Treatment Plan identifies begins shock wave therapy 3 sessions over the right ankle, second series.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTRACORPOREAL SHOCKWAVE THERAPY TO THE RIGHT ANKLE X 3: 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): 14-2 AND 14-16.

Decision rationale: Regarding the request for extracorporeal shockwave therapy to the right ankle x 3, Occupational Medicine Practice Guidelines state ESWT (Extracorporeal Shockwave Therapy) is recommended as an optional treatment for plantar fasciitis. ODG states it is not

recommended using high energy ESWT. Recommended using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia. ODG's Criteria includes patients whose heel pain from plantar fasciitis has remained despite six months of standard treatment; At least three conservative treatments have been performed prior to use of ESWT; No contraindications exist, and Maximum of 3 therapy sessions over 3 weeks. Within the information made available for review, the patient is noted to have ankle pain and decreased range of motion. However, there is no documentation that heel pain from plantar fasciitis has remained despite six months of standard treatment. In addition, there is no mention that at least three conservative treatments have been performed prior to use of ESWT and no contraindications exist. Furthermore, there is no clarification if the request is for low energy ESWT. As such, the currently requested three (3) extracorporeal shockwave therapy sessions to the right ankle is not medically necessary.