

Case Number:	CM14-0030959		
Date Assigned:	06/20/2014	Date of Injury:	05/06/2013
Decision Date:	07/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/11/2014

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 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 53-year old female; whose date of injury is on 05/06/2013. The mechanism of injury is described as intense driving. Magnetic Resonance imaging (MRI) of the right foot dated on 08/14/13 revealed calcaneal spurring and plantar fasciitis, and the MRI of the left foot revealed calcaneal spurring and mild plantar fasciitis. Handwritten note dated on 01/27/14 indicates that diagnoses are right carpal tunnel syndrome, bilateral feet plantar fasciitis, left knee severe osteoarthritis, right medial meniscus tear, and calcaneal spurring left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy once a week for 3 weeks to bilateral feet (QTY:3):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1039-1041.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The Official Disability Guidelines support extracorporeal shockwave therapy for injured workers who have heel pain from plantar fasciitis which has remained despite

six months of standard treatment, and based on the clinical information provided, there is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. Additionally, there is no current detailed physical examination submitted for review. Therefore the request for extracorporeal shockwave therapy once a week for 3 weeks to bilateral feet are not medically necessary.