

Case Number:	CM14-0041422		
Date Assigned:	06/27/2014	Date of Injury:	07/18/2013
Decision Date:	08/15/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/07/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 50-year-old male had a work-related injury of bilateral plantar fasciitis. The date of injury is reported as 7/18/2013. Claimant is working regular duty without restrictions. He is wearing orthotics in his shoes and has had physical therapy. Physical therapy note of 2/19/2014 states history of bilateral plantar fasciitis over the past few years has been getting better. Patient is on a home exercise program of stretching. An interval history note of December 16, 2013 by [REDACTED] states that the right foot is worse than the left but the left foot is doing much better with the orthotics. However, because the patient is continuing to have symptoms, 4 sessions of extracorporeal shockwave therapy has been requested for both feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Sessions of extracorporeal shockwave treatment to the bilateral feet: Upheld

Claims Administrator 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), Ankle & Foot (Acute & Chronic).

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), Ankle and Foot Chapter, Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: ACOEM guidelines state there is disagreement as to the efficacy of extracorporeal shock wave therapy (ESWT). The Official Disability Guidelines (ODG) requires that at least three conservative treatment methods be used before ESWT is tried. The patient is wearing orthotics and he did receive physical therapy. There is no documentation as to whether rest, ice and NSAIDs have been used or whether he had a cortisone injection. In addition, only a maximum of three therapy sessions over three weeks is recommended and it is contraindicated patient is with bilateral pain. Therefore, according to the current criteria, the medical necessity for the use of the extracorporeal shock wave therapy (ESWT) has not been established.