

Case Number:	CM14-0051202		
Date Assigned:	07/07/2014	Date of Injury:	06/26/2013
Decision Date:	08/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/18/2014

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 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 21-year-old male who reported an injury on 06/26/2013. The mechanism of injury was described as a cumulative injury. The clinical visit on 02/18/2014 noted that the injured worker had utilized physical therapy, electrode stimulation, cortisone injections, ice packs, and stretching. At the visit, the injured worker complained of constant pain occurring in the balls of his feet and heels bilaterally that he rated 9/10 for pain. It was also documented the injured worker stated that he felt restless but denied tingling sensations or numbness. It was documented that the injured worker complained of pain in the feet that was presently constantly and due to the discomfort, he had difficulty standing and walking for more than 30 minutes at a time, even when wearing inserts in his shoes. In the medical record it was showing that the injured worker had not had any pertinent surgeries specific for the request. The injured worker's medication at that time was listed as amlodipine and Relafen with dosages and frequencies not documented in the report. The physical exam of the bilateral feet documented that the injured worker walked with a normal gait with all orthopedic testing being reported as negative and nontender along the ankles bilaterally with the exception of plantar fascia, calcaneus, and interspaces. Range of motion in the bilateral feet was noted to be limited with no pain elicited with the testing of range of motion. The injured worker's diagnoses were listed as bilateral plantar fasciitis and a Morton's neuroma between the 2nd and 3rd toes of the right foot. Request for Authorization was dated 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy times six (6): 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): Shockwave/ESWT (Extracorporeal Shock Wave Therapy).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The California American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that there is limited evidence regarding extracorporeal shockwave therapy in treating plantar fasciitis to reduce pain and improve function. While it appears safe, there is disagreement as to its efficacy and insufficient high-quality scientific evidence exists to determine clearly the effectiveness of this therapy. Given the guidelines direct contraindication for recommendation of the therapy coupled with the amenable body part not being described in the request itself, the request at this time cannot be supported by the guidelines. As such, the request is not medically necessary and appropriate.