

<b>Case Number:</b>	CM14-0058394		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on May 6, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 27, 2014, which is hand written and difficult to read, indicates that there are ongoing complaints of right knee and right knee pain. There was a request for a medication refill. No objective physical examination was performed. The diagnostic imaging studies were not reviewed during this visit. The previous treatment includes physical therapy. A request had been made for extracorporeal shock wave therapy for the right and left foot and was not certified in the pre-authorization process on April 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy for the right/left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1039-1041. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

**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, Extracorporeal Shock Wave Therap.

**Decision rationale:** According to the Official Disability Guidelines, only low energy extracorporeal shock wave therapy is indicated as an option for chronic plantar fasciitis although trials in this area have yielded conflicting results. Additionally the attached medical record indicates that previous physical therapy has helped with the injured employee's foot pain. Considering this, and without additional justification and clarification, the request for Extracorporeal Shockwave Therapy for the right and left foot is not medically necessary.