

<b>Case Number:</b>	CM14-0078088		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Anesthesiology, 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:

The patient is a 54-year-old female with a 1/8/13 date of injury. There is documentation of subjective findings of right ankle, gluteal, and foot pain. There is objective findings of tenderness over the piriformis muscle and decreased ankle range of motion findings. Current diagnoses are right ankle sprain, right knee contusion/sprain, cervical spine sprain/strain, and right foot plantar fasciitis. Treatment to date include acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave therapy right foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and foot, Extracorporeal Shockwave Therapy.

**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, Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** MTUS/ACOEM Guidelines identifies that limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function and that there is insufficient high quality scientific evidence exists to determine

clearly the effectiveness of this therapy. The Official Disability Guidelines (ODG) identifies documentation of pain from plantar fasciitis and failure of at least 3 conservative treatment measures (rest, ice, NSAIDs, orthotics, physical therapy, or injections (Cortisone)) for six months, no contraindications (pregnant women; patients younger than 18; patients with blood clotting disease, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; patients with cardiac pacemakers; patients who had physical or occupation therapy within the past 4 weeks; patients who received a local steroid injection within the past 6 weeks; patients with bilateral pain; and patient who had previous surgery for the condition), as criteria necessary to support the medical necessity of shockwave therapy for ankle/foot. In addition, ODG identifies a maximum of 3 therapy sessions over 3 weeks. Within the medical information available for review, there is documentation of diagnoses of right ankle sprain, right knee contusion/sprain, cervical spine sprain/strain, and right foot plantar fasciitis. However, despite documentation of conservative treatment (acupuncture), there is no documentation of failure of at least 3 conservative treatment measures (rest, ice, NSAIDs, orthotics, physical therapy, or injections (Cortisone)) for six months. In addition, there is no documentation of no contraindications. Furthermore, there is no documentation of the number of treatments requested. Therefore, based on guidelines and a review of the evidence, the request for Shockwave therapy right foot is not medically necessary and appropriate.

**Pain Management Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Ultrasound right piriformis muscle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound Page(s): 123.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** MTUS/ACOEM Guidelines identifies that ultrasound has no proven efficacy in treating acute low back symptoms and insufficient scientific testing exists to determine the effectiveness of ultrasound (therapeutic). The Official Disability Guidelines (ODG) identifies documentation of scar tissue, adhesions, collages fiber and muscle spasm, or the need to extend muscle tissue or accelerate the soft tissue healing, as criteria necessary to support the medical necessity of diagnostic ultrasound for hip/pelvis. Within the medical information available for review, there is documentation of diagnoses of right ankle sprain, right knee contusion/sprain, cervical spine sprain/strain, and right foot plantar fasciitis. However, despite documentation of tenderness over the piriformis muscle, there is no documentation of scar tissue, adhesions, collages fiber and muscle spasm, or the need to extend muscle tissue or

accelerate the soft tissue healing. Therefore, based on guidelines and a review of the evidence, the request for Ultrasound right piriformis muscle is not medically necessary and appropriate.