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| Case Number: | CM14-0079989 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 05/27/2004 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Florida and New York. 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 56 year old female with a reported date of injury on May 27, 2004. The mechanism of injury is not described. The diagnosis is listed as plantar fibromatosis (728.71). Treatment has included ultrasound imaging as intervention for complaints of chronic foot pain, burning, and paresthesia on the plantar aspect of foot. Results of this imaging were not available for review. According to a podiatry note of appeal dated May 21, 2014, it is documented the injured worker has completed Extracorporeal Shock Wave Therapy (ESWT), bilateral plantar physical therapy (17 units) and has been wearing custom orthotics since November 2007. The custom foot orthotics were noted to have decreased pain by 20-30%. ESWT was noted to decrease pain by approximately 30%. ESWT was also noted as an intervention to avoid surgical plantar fasciotomy. A prior utilization review determination dated May 21, 2014 resulted in denial of high impact Extracorporeal Shock Wave Therapy (ESWT) to bilateral heels as there is limited high quality evidence regarding efficacy of this type of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown sessions of ESWT (Excellence Shock Wave Therapy) High Impact To Bilateral Heels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG - Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122.

Decision rationale: This injured worker was last seen 6/26/2014 and on examination did have evidence of plantar fasciitis. Although the literature is not clear whether there is strong evidence or not if the request is medically beneficial - the last examination was over two and a half months prior to this review. In light of this, there is no clinical evidence or support. At this time, the request is not medically necessary.