

Case Number:	CM14-0094804		
Date Assigned:	07/25/2014	Date of Injury:	09/08/2013
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 35-year-old female smoker who reported injuries resulting from falling through a rotten floor on 09/18/2013. On 04/15/2014, her diagnoses including plantar fascial fibromyositis of the left foot, other enthesopathy of the left ankle and tarsus, left plantar fascia sprain and left anterolateral ankle impingement. On 04/29/2014, she presented with increasing pain of her to her left ankle. The pain radiated to the arch of the foot and was characterized as 2/10 in severity, increasing to 4/10 with weight bearing. She stated that she obtained some measure of pain relief with the use of NSAIDs, rest, and stretching exercises. The pain was aggravated with weight bearing and inversion. On examination, palpation yielded posterior tail of the fibular ligament pain. Her muscular strength was 5/5 and she had full active range of motion of the left ankle. On 04/29/2014, she received injections of a steroid and Lidocaine to her left ankle joint and left plantar fascia. On 05/19/2014, it was noted that she had a significant improvement in the symptoms of her left ankle as a result of the injections. However, it was transient in nature and she was almost back to her baseline level of pain. Her treatment plan stated that she had failed conservative treatment. What that conservative treatment consisted of was not specified. The recommendation was for shockwave therapy of the left plantar fascia and arthroscopic debridement of the left ankle. The treating physician was requesting left ankle shockwave therapy and preoperative labs and EKG prior to the arthroscopic debridement of the left ankle. There was no request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ankle shock wave therapy, Left plantar fascia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The request for left ankle shockwave therapy, left plantar fascia, is not medically necessary. The California MTUS/ACOEM Guidelines suggest that extracorporeal shockwave therapy is optional for acute, subacute, and chronic plantar fasciitis. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high-quality scientific evidence exists to determine clearly the effectiveness of this therapy. Although the documentation noted that this injured worker had failed conservative therapy it did not specify modalities of conservative therapy that were failed. Specifically, it did not mention chiropractic or acupuncture as treatments for the ankle prior to considering surgery. She had been receiving physical therapy treatments but there was no quantifiable data included in the documentation regarding increases in functional ability or decreases in pain due to the physical therapy. The clinical information submitted fails to meet the evidence-based guidelines for shockwave therapy. Therefore, this request for left ankle shockwave therapy, left plantar fascia, is not medically necessary.

Pre-op testing to include CBC- UA - BMP - EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines low back, preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, pre-operative lab testing and pre-operative electrocardiogram (ECG).

Decision rationale: The request for preop testing to include CBC, UA, BMP, EKG is not medically necessary. The Official Disability Guidelines recommend that preoperative testing is excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. A preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. A preoperative electrocardiogram is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Endoscopic procedures and ambulatory surgery are considered low risk surgical procedures. The clinical information submitted fails to meet the evidence-based guidelines for preoperative lab

testing, and preoperative electrocardiogram. Therefore, the request for preop testing to include CBC, UA, BMP, EKG is not medically necessary.