

<b>Case Number:</b>	CM14-0099321		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 62-year-old male with a 10/29/10 date of injury. At the time (5/22/14) of the request for authorization for shockwave treatment 1x 4 - bilateral feet, there is documentation of subjective (bilateral arch pain, worse on the left than the right) and objective (intact plantar fascia) findings, current diagnoses (bilateral plantar fasciitis), and treatment to date (orthotics, physical therapy, and medications). There is no documentation of failure of conservative treatment measures for six months and no contraindications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Shockwave Treatment 1 x 4 week - Bilateral Feet: 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 & Foot

**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 reference to 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. 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 bilateral plantar fasciitis. However, despite documentation of conservative treatment (orthotics, physical therapy, and medications), there is no documentation of failure of conservative treatment measures for six months. In addition, there is no documentation of no contraindications. Furthermore, the requested shockwave treatment 1 x 4 week - bilateral feet exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for shockwave treatment 1x 4 - bilateral feet is not medically necessary.