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| Case Number: | CM14-0188791 | | |
| Date Assigned: | 11/21/2014 | Date of Injury: | 07/14/2009 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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:

This case involves a 38 year old male who developed chronic low back, right ankle, bilateral knee and left shoulder problems subsequent to an injury dated 7/14/09. He has been diagnosed with chronic low back pain with a radiculopathy component, left shoulder rotator cuff tear and right ankle osteochondral defect. Surgery is planned for the right ankle. There is no documentation in the records reviewed of plantar fasciitis either from a clinical diagnostic standpoint or from prior treatment of this condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy (ESWT) for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter and Non-MTUS Anthem Medical Policy SURG.00045, Extracorporeal Shock Wave Therapy for Orthopedic Conditions

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, ESWT

Decision rationale: MTUS Guidelines does not support the use of extracorporeal shock wave therapy (ESWT) for ankle complaints. In addition, the MTUS Guidelines do not support its use with chronic plantar fasciitis. Official Disability Guidelines (ODG) allows a trial under specific circumstances for plantar fasciitis, but there is no support for ankle complaints or an ankle diagnosis. The request for ESWT for the ankle is not supported by the guidelines; therefore, this request is not medically necessary.