

Case Number:	CM14-0217983		
Date Assigned:	01/07/2015	Date of Injury:	07/14/2014
Decision Date:	05/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female who sustained an industrial injury on July 14, 2014. She has reported injury to the neck, back, bilateral shoulders, bilateral knees, and bilateral feet and has been diagnosed with cervical trapezial musculoligamentous sprain/strain, thoracolumbar musculoligamentous sprain/strain, bilateral shoulder periscapular sprain/strain, bilateral knee sprain/strain, bilateral feet plantar fasciitis, and cervicogenic headaches. Treatment included a home exercise program and acupuncture. Recent progress note noted tenderness to bilateral knees, bilateral feet, bilateral shoulders, cervical spine, and lumbar spine. The treatment request included 3 sessions of high and or low energy extracorporeal shockwave treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) sessions of high and/or low energy extracorporeal shockwave treatment:

Overtuned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines- Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: The claimant is nearly one-year status post work-related injury and continues to be treated for chronic pain including a diagnosis of bilateral plantar fasciitis. The treating provider references treatments as having included physical therapy, rest, splinting, and strapping. Extracorporeal shock wave therapy (ESWT) is an option for chronic plantar fasciitis after six months and after failure of at least three conservative treatments. A maximum of 3 therapy sessions over 3 weeks using low energy ESWT without local anesthesia recommended. In this case, the number of treatments being requested is within that recommendation. Low energy treatment is included in the request. It is therefore medically necessary.