

Case Number:	CM14-0064960		
Date Assigned:	07/11/2014	Date of Injury:	01/02/2014
Decision Date:	04/10/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/08/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41 year old male who sustained an industrial related injury on 1/2/14 when a heavy metal bar fell onto his upper and lower extremities. The injured worker had complaints of neck pain, right shoulder pain, and right foot pain. Diagnoses included cervical spine strain/sprain, right upper extremity radiculitis, right shoulder impingement syndrome, right plantar fasciitis, right peroneal tendonitis, and right ankle sprain/strain. Treatment included physical therapy and chiropractic treatment. The treating physician requested authorization for extracorporeal shock wave therapy for the right foot. On 4/22/14 the request was non-certified. The utilization review physician cited the Official Disability Guidelines and noted the injured worker's gait was normal and there were no functional deficits or pain level noted. There is also no evidence of conservative care for the right foot. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy to Right Foot (3 Sessions): 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, (ESWT).

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 & Foot (Acute & Chronic) Extracorporeal shock wave therapy (ESWT).

Decision rationale: The injured worker sustained a work related injury on 1/2/14. The medical records provided indicate the diagnosis of cervical spine strain/sprain, right upper extremity radiculitis, right shoulder impingement syndrome, right plantar fasciitis, right peroneal tendonitis, and right ankle sprain/strain. Treatment included physical therapy and chiropractic treatment. The medical records provided for review do not indicate a medical necessity for Extracorporeal Shock Wave Therapy to Right Foot (3 Sessions). The MTUS states that there is limited evidence supporting the beneficial effect of extracorporeal shock wave therapy (ESWT) in the treatment of plantar fasciitis to reduce pain and improve function. The Official Disability Guidelines' criteria for the use of Extracorporeal shock wave therapy include: (1) Patients whose heel pain from plantar fasciitis has remained despite six months of standard treatment. (2) At least three conservative treatments have been performed prior to use of ESWT, including (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). (3) Maximum of 3 therapy sessions over 3 weeks. The documents from the treating physician made no reference to foot pain; however, the Utilization reviewer reported that the injured worker had no pain in the foot. Based on the foregoing, the injured worker does not meet the requirement: "Heel pain from plantar fasciitis has remained despite six months of standard treatment. (2) At least three conservative treatments have been performed prior to use of ESWT"