

Case Number:	CM15-0004058		
Date Assigned:	01/15/2015	Date of Injury:	11/08/2012
Decision Date:	03/19/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 56-year-old male sustained a work-related injury on 11/8/2012. The documentation did not include the specific injury or its cause. Progress notes dated 10/7/2014 state his diagnoses as cervical, thoracic and lumbar myofascial pain, left shoulder myofascial pain, left wrist/hand sprain, unspecified bilateral hip/thigh sprain, bilateral feet/ankle sprain and insomnia. He reports pain of 4 to 7/10 in all areas of the spine, the left shoulder, the left wrist/hand, the hips and the feet and ankles. Previous treatments included medications. The treating provider requests extra corporeal shock wave therapy (ESWT). The Utilization Review on 12/18/2014 non-certified ESWT, citing Official Disability Guidelines (ODG) Treatment Index: Foot and Ankle ESWT and Knee ESWT and CA MTUS/ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition, 2014, Foot and Ankle, Extracorporeal Shockwave Therapy, Knee, Extracorporeal Shockwave Therapy

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

Decision rationale: According to MTUS guidelines, limited evidence exists regarding extra corporeal shock wave therapy (ESWT) in treating plantar fasciitis to reduce pain and improve function. 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. There no documentation of failure of at least 3 conservative modalities over 6 months (as per ODG guidelines). Therefore the request for Extra corporeal Shock Wave Therapy (ESWT) is not medically necessary.