

Case Number:	CM15-0005227		
Date Assigned:	01/16/2015	Date of Injury:	06/03/2012
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 year old male, who sustained an industrial injury on June 3, 2012. He has reported neck and low back pain. The diagnoses have included right foot plantar fasciitis. Treatment to date has included medications, transcutaneous electrical nerve stimulation, lumbar rhizotomy, home exercise program, and carpal tunnel release. Currently, the IW complains of continued pain in the neck, low back, and upper extremities. He reported limitations to his activities of daily living. Physical findings are noted as tenderness of the cervical spine area, and tenderness of the lumbar spine area. On December 24, 2014, Utilization Review non-certified the request of high and/or low energy extracorporeal shockwave treatment, one treatment every two weeks (energy to be determined at the time of treatment) based on ODG, ACEOM guidelines. On January 9, 2015, the injured worker submitted an application for IMR for review of high and/or low energy extracorporeal shockwave treatment, one treatment every two weeks (energy to be determined at the time of treatment).

IMR ISSUES, DECISIONS AND RATIONALES

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

High and/or low energy extracorporeal shockwave treatment one treatment every two weeks (energy level to be determined at time of treatment): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG Ankle & Foot Chapter, extracorporeal shock wave therapy section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 368. Decision based on Non-MTUS Citation chronic pain

Decision rationale: According to the ACOEM there is limited evidence exists regarding extracorporeal 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. According to the ODG ESWT for the treatment of plantar fasciitis is not recommended using high energy ESWT. It is recommended using low energy ESWT as an option for chronic plantar fasciitis, were the latest studies show better outcomes without the need for anesthesia. In this case the request is for High/low energy shock wave treatment. There is not good evidence to support the treatment and it is not recommended for High frequency ESWT.