

<b>Case Number:</b>	CM15-0101832		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 22-year-old male, with a reported date of injury of 07/10/2014. The diagnoses include left anterior ankle pain, chronic left anterior talofibular ligament sprain, chronic peroneal tendonitis of the left fibular groove, left chronic sinus tarsi syndrome, and probable low-grade left ankle synovitis. Treatments to date have included an MRI of the left lower joint on 03/27/2015 that showed a large os trigonum with marked subcortical cystic change and swelling along the synchondrosis with the lateral tubercle of the talus; an ultrasound scan of the left ankle which showed intrasubstance degeneration of the peroneus longus tendon near the cuboid tunnel and retrofibula tendon swelling without fluid accumulation; and topical pain medication. The medical report dated 05/05/2015 indicates that the injured worker had left ankle pain with peroneal tendinopathy. He complained of left ankle pain and significant symptom increase when he attempted to walk on his toes. The injured worker also complained that his extra-depth shoes were too narrow across the forefoot. The physical examination showed tenderness to palpation of the left peroneal tendons of the retrofibular groove to the cuboid tunnel, no peroneal tendon dislocation, tenderness to palpation of the posterior ankle, and no pain on ankle range of motion with or without flexor hallucis longus dysfunction stretch. The treating physician requested five (5) sessions of extracorporeal shockwave therapy for the treatment of the left foot/ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy x 5 sessions for left foot/ankle: Upheld**

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

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

**Decision rationale:** Per Guidelines, limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating diagnosis of plantar fasciitis, Achilles tendinopathy or neuropathic foot ulcers in diabetes to reduce pain and improve function, not identified here. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication, significant clinical findings, or diagnoses to support this treatment nor is there specific functional improvement in terms of decreased medication profile from pain relief, increase work or physical status, or decrease in medical utilization from treatment rendered. The patient continues with planned conservative care without identified failure. The Extracorporeal shockwave therapy x 5 sessions for left foot/ankle is not medically necessary and appropriate.