

<b>Case Number:</b>	CM15-0147082		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, South Carolina

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

### 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 45 year old male, who sustained an industrial injury on 8-25-14. The injured worker has complaints of low back and lower extremity pain. The documentation noted tenderness to palpation and guarding in the right ankle and tenderness to palpation of the lumbosacral, lower thoracic paraspinal muscles. The diagnoses have included thoracic strain, lumbar radiculopathy, and sprain, right ankle with partial tear anterior talofibular ligament. Treatment to date has included: physical therapy; electrical stimulation modality; magnetic resonance imaging (MRI) of the lumbar spine on 4-16-15 showed degenerative disc disease at L5-S1 (sacroiliac); and electromyography/nerve conduction velocity showed chronic bilateral L4 radiculopathy. 7-7-15, Utilization Review non-certified the request for extracorporeal shockwave therapy once a week for four weeks for right ankle/foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy once a week for four weeks for right ankle/foot:**

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 and Foot, Extracorporeal Shockwave Therapy.

**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 CA MTUS is silent on extracorporeal shockwave therapy (ESWT) for the ankle; however, the cited ODG does not recommend using high energy ESWT for the ankle. In cases of chronic plantar fasciitis, it may be recommended to use low energy ESWT as a treatment option. Based on the available medical records for this injured worker, he is noted to have a chronic right ankle injury with constant pain, but there is no documentation of chronic plantar fasciitis. Therefore, the request for extracorporeal shockwave therapy for the right ankle/foot, once a week for four weeks, is not medically necessary and appropriate.