

Case Number:	CM15-0161152		
Date Assigned:	08/28/2015	Date of Injury:	02/27/2014
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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, Indiana, New York
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 61 year old female with an industrial injury dated 02-07-2014. The injury is documented as occurring when a pallet fell and hit her right lower leg. Her diagnoses included sinus tarsi syndrome, peroneal tendinitis and chronic ankle sprain-strain. Prior treatment included conservative care and work restrictions. She presented on 04-15-2015 with pain and tenderness in the right ankle. Physical exam noted tenderness from the distal one third of the leg extending all the way down to the mortise joint. There was good range of motion with pain at the end range of inversion. There was positive Tinel's behind the lateral malleolus. Treatment request is for shockwave, right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave, Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, extracorporeal shockwave therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, shockwave therapy to the right ankle is not medically necessary. The guidelines do not recommend extracorporeal shock wave therapy (ESWT) using high energy ESWT. The guidelines recommend using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia. In this case, the injured worker's working diagnoses are Sinus tarsi syndrome; peroneal tendinitis; and chronic ankle sprain/strain. The injury is February 7, 2014. Request for authorization is July 9, 2015. According to the May 20, 2015 progress note, the worker has ongoing right ankle pain. Pain scale is 8-9/10. Her home stimulator helps with pain. Objectively there is crepitus with some laxity with drawer stressing of the right ankle compared to the left. Range of motion is good. The guidelines do not recommend extracorporeal shock wave therapy (ESWT) using high energy ESWT. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guidelines non-recommendations for shockwave therapy to the ankle, shockwave therapy to the right ankle is not medically necessary.