

<b>Case Number:</b>	CM15-0192185		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 York  
 Certification(s)/Specialty: Podiatrist

### 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 57 year old male who sustained an industrial injury on 08-27-2013. According to a progress report dated 08-28-2015, the injured worker reported left foot plantar foot pain that was increasing and was rated 8 on a scale of 1-10. He reported a decline in tolerance to standing and walking. Pain was refractory to injection, physical therapy, home exercise and activity modification. Low back pain with lower extremity symptoms was rated 7. Left knee pain was rated 5. Medications included Cymbalta, Naproxen, Pantoprazole and Cyclobenzaprine. Right and left foot and ankle exam was "essentially unchanged". Gait was slow and deliberate, non-antalgic. The provider noted tenderness right greater than left plantar foot area. The left lower extremity was favored with ambulation. Gait was antalgic. Tenderness of the left plantar foot was noted. Diagnoses included fusion 4 millimeters L5-S1 with neural encroachment and radiculopathy, compression fracture L2 and L4, trigger points lumboparaspinal refractory, left ankle fracture, right foot and ankle pain, right greater than left plantar fasciitis and left plantar fasciitis. Physical therapy for the right and left foot and ankle remained unapproved. The treatment plan included extracorporeal shock wave therapy 5 sessions. On 09-29-2015, Utilization Review modified the request for extracorporeal shock wave therapy to treat plantar fasciitis, left plantar foot, 1 time weekly for 5 weeks, for 30 min each session (2000 shocks at level 2 per treatment), 5 sessions.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Extracorporeal Shock Wave Therapy to treat plantar fasciitis, left plantar foot, 1 time weekly for 5 weeks, for 30 min each session (2000 shocks at level 2 per treatment), 5 sessions:** 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 & Foot (Acute & Chronic) - Extracorporeal Shock Wave Therapy (ESWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot, pg 20, extracorporeal shock wave therapy.

**Decision rationale:** After careful review of the enclosed information and the pertinent ODG guidelines for this case, it is my feeling that the requested Extracorporeal Shock Wave Therapy to treat this patient's plantar fasciitis, left plantar foot, 1 time weekly for 5 weeks, for 30 min each session (2000 shocks at level 2 per treatment), 5 sessions does not meet the current ODG guidelines. Therefore, this treatment cannot be considered medically necessary or appropriate. The OCG guidelines are very specific concerning use of extracorporeal shockwave therapy for the treatment of painful plantar fasciitis. High-energy extracorporeal shockwave therapy is not recommended. Low energy extracorporeal shockwave therapy is considered an option for chronic painful plantar fasciitis. While it is documented that this patient has failed conservative treatments for his plantar fasciitis, the requested number of ESWT treatments does not conform with the ODG guidelines. The current request is not medically necessary. Specifically, a maximum of three therapy sessions over three weeks with low energy ESWT is recommended.