

<b>Case Number:</b>	CM15-0193598		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old female, who sustained an industrial injury on 11-08-2010. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for recalcitrant plantar fasciitis left foot and exacerbation of posterior tibial tendinitis on the left medial malleolus. Treatment and diagnostics to date has included functional capacity evaluation and medications. Current medications include Ultram. After review of progress notes dated 07-14-2015 and 08-13-2015, the injured worker presented for a follow up on chronic medial and plantar fasciitis affecting her left heel. Objective findings included swelling noted at the posterior tibial tendon. The Utilization Review with a decision date of 08-31-2015 denied the request for extracorporeal shock wave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shock Wave Therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/index.html?odgtwc/ankle.htm#>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and Foot, under Extracorporeal shock wave treatment.

**Decision rationale:** This claimant was injured 5 years ago. Although it is presumed this extracorporeal shock wave treatment is for the plantar surface, it is not stated in the request. Also, there has been medicine, but no documentation of rest, ice, orthotics, PT, or injections. The MTUS is silent on this procedure for the ankle and foot. The ODG notes that at least three conservative treatments must have been performed prior to use of ElectroShock Wave Therapy (ESWT). These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). The procedure cannot be used in patients who had physical or occupational therapy within the past 4 weeks; patients who received a local steroid injection within the past 6 weeks; patients with bilateral pain; or patients who had previous surgery for the condition. As the claimant's case fails several of these criteria; the request was appropriately non-certified. The request is not medically necessary.