

<b>Case Number:</b>	CM15-0201288		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/23/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, Hawaii  
 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 58 year old female who sustained an industrial injury on 12-23-14. A review of the medical records indicates she is undergoing treatment for bilateral plantar fasciitis, degeneration of the medial meniscus of the left knee, and left ankle pain. Medical records (8-31-15) indicate complaints of left plantar foot pain, rating "8 out of 10", right plantar foot pain, rating "3 out of 10", left knee pain, rating "6 out of 10", and left ankle pain, rating "5 out of 10". The physical exam reveals tenderness in the "left greater than right plantar foot". She is noted to "favor" the right lower extremity with walking. Tenderness is also noted in the left knee. The treating provider states "tenderness is greatest at the medial aspect". Crepitance is noted with range of motion, which is noted to be "0 degrees to 100 degrees". Tenderness is noted of the left ankle, affecting the medial aspect greater than the lateral aspect. Pain is noted with range of motion of the foot and ankle. Spasm is noted in the left calf musculature. Treatment has included "injection x 2", 12 sessions of physical therapy, home exercises, activity modification, bracing, and medications. The injured worker is noted to be "temporarily partially disabled". Treatment recommendations include continued shockwave therapy of the left plantar foot for 5 sessions and physical therapy "concurrent with shockwave". The utilization review (9-28-15) includes a request for authorization of shockwave and physical therapy to the left plantar foot x 5 visits. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Shockwave and physical therapy left plantar foot times 5 visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ODG, Ankle and Foot Chapter, Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The patient presents with increasing left plantar foot pain along with left knee and ankle pain. The current request is for 5 sessions of shockwave and physical therapy for the left plantar foot. The treating physician states on 8/31/15 (5B) "Left plantar fasciitis remains refractory to injection x 2, physical therapy 12 sessions, home exercise, activity modification, bracing. Condition is worsening with resultant decline in activity and function. Continue to await response request for reconsideration for approval for physical therapy bilateral plantar foot, concurrent with shockwave." MTUS does not address ESWT. ODG Guidelines indicate that ESWT is an option for chronic plantar fasciitis using low energy ESWT. Criteria for use are listed as: 1) Patients whose heel pain from plantar fasciitis has remained despite six months of standard treatment. (2) At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). (3) Contraindicated in: Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; 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; Patients who had previous surgery for the condition. (4) Maximum of 3 therapy sessions over 3 weeks. Low energy ESWT without local anesthesia recommended. For Physical therapy, MTUS guidelines indicate it is recommended: Physical Medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, despite the patient meeting the criteria for ESWT, this patient has previously completed 12 session of physical therapy. The clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of PT or documentation as to why a full independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.