

Case Number:	CM15-0206309		
Date Assigned:	10/23/2015	Date of Injury:	05/23/2012
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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

Certification(s)/Specialty: Emergency 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 54 year old male, who sustained an industrial injury on 05-23-2015. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for chronic Achilles tendinopathy with chronic tear of the Achilles tendon, compensatory right plantar fasciitis; status post left knee anterior cruciate ligament reconstruction and meniscectomy, lateral meniscus tear, and patellar tendinopathy. Treatment and diagnostics to date has included psychotherapy, left knee surgery, and medications. Recent medications have included Neurontin and Tramadol. Subjective data (03-10-2015 and 09-11-2015), included bilateral knee and Achilles tendon pain. Objective findings (09-11-2015) included healed anterior cruciate ligament incisions, "slightly" positive McMurray's test medially, and "large" swelling of the Achilles tendon at the level of insertion with slight tenderness. The Utilization Review with a decision date of 10-09-2015 non-certified the request for 3 sessions of extracorporeal shockwave therapy for bilateral Achilles tendons.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 sessions of extracorporeal shockwave therapy (ESWT) for bilateral achilles tendons:

Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle: Extracorporeal shock wave therapy (ESWT).

Decision rationale: As per MTUS ACOEM and Official Disability Guidelines, Extracorporeal shock wave therapy (ESWT) is only approved and supported by evidence for Plantar Fasciitis. There is no evidence to support use of ESWT in achilles tendonitis with several studies showing no benefit. Therefore the request is not medically necessary.