

Case Number:	CM15-0210039		
Date Assigned:	10/28/2015	Date of Injury:	11/03/2012
Decision Date:	12/09/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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: 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 42-year-old male, who sustained an industrial injury on 11-03-2012. The injured worker was diagnosed as having status post left ankle surgery 7-2013. Treatment to date has included left ankle surgery, physical therapy, home exercise, activity modification, "injection", and medications. On 9-11-2015, the injured worker complains of left ankle pain, rated 5 out of 10 (unchanged from 4-17-2015, 5-20-2015, 7-15-2015, 8-15-2015), with decline in range of motion at the ankle, resulting in instability and near falls. He also reported low back pain with right lower extremity symptoms. Medication use included Tramadol. Objective findings for the left ankle noted tenderness, greatest at medial aspect, dorsiflexion 10 degrees, plantar flexion 20 degrees, inversion 10 degrees, and eversion 20 degrees. He favored his right lower extremity with ambulation. His work status was temporary partial disability. "Limited" range of motion (unspecified) was noted in the left ankle 8-07-2015, 7-15-2015, 5-20-2015, and 4-17-2015. On 10-14-2015 Utilization Review non-certified, a request for shockwave therapy visits for the left ankle x5 (once weekly for 30 minutes per session).

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy 5 visits (Once a week for 30 mins per session) Left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Extracorporeal shock wave therapy (ESWT).

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 & Foot, Extracorporeal shock wave therapy (ESWT), page 16-17.

Decision rationale: Per Guidelines, limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating diagnosis of plantar fasciitis, Achilles tendinopathy or neuropathic foot ulcers in diabetes to reduce pain and improve function. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication, significant clinical findings, or diagnoses to support this treatment nor is there specific functional improvement in terms of decreased medication profile from pain relief, increase work or physical status, or decrease in medical utilization from treatment rendered including s/p ankle surgery and injections. The patient continues with temporary partial disability for continued symptoms of declining ankle range and instability without identified diagnosis amendable to shockwave therapy per guidelines recommendation. The Shockwave Therapy 5 visits (Once a week for 30 minutes per session) Left ankle is not medically necessary and appropriate.