

Case Number:	CM15-0214428		
Date Assigned:	11/04/2015	Date of Injury:	04/23/2014
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/30/2015

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, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 28 year old female, who sustained an industrial injury on 4-23-2014. The injured worker was being treated for lumbar sprain and strain, lumbar radiculopathy, myalgia and myositis, spasm of muscle, in right knee, and unspecified ankle sprain and strain. The injured worker (5-6-2015 and 6-1-2015) reported ongoing lower back pain and stiffness with pain radiating down the posterior hips, buttocks, and thighs to the right heel and foot, right leg greater than left. She reported ongoing pain throughout her legs, left ankle, and right knee. The physical exam (5-6-2015 and 6-1-2015) revealed decreased lumbar spine range of motion, moderate tenderness to palpation of the bilateral T12-S1 (thoracic 12-scaral 1) levels, and 2+ tenderness of the piriformis and hamstring. Per the treating physician (6-1-2015 report): The MRI of the left foot (11-5-2014) stated there was an intermetatarsal bursa versus ganglion cyst, 1st interspace. The MRI of the right hip (11-7-2014) stated there was bilateral sacral iliac joint subcortical sclerosis inferiorly, likely due osteitis condensans ilii versus osteoarthritis. Treatment has included chiropractic therapy, acupuncture, a home exercise program, an ankle brace, activity modifications, and medications including anti-epilepsy, histamine 2 antagonist, oral pain, topical pain, and muscle relaxant. The requested treatments included a referral to a podiatrist and shockwave therapy to the right hip, left ankle, and left foot (3 treatments). On 10-7-2015, the original utilization review non-certified requests for a referral to a podiatrist and shockwave therapy to the right hip, left ankle, and left foot (3 treatments).

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy to the right hip, left ankle, and left foot (3 treatments): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shockwave.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: Overview of the management of overuse (chronic) tendinopathy.

Decision rationale: The appropriate use of extracorporeal shock wave therapy (ESWT) for treating soft tissue injury is controversial. Several trials have evaluated the efficacy of ESWT in tendinopathy and found minimal improvements over placebo. In this injured worker, the rationale for shock wave therapy at this point in the injury is not well documented with regards to goals for improvement in pain and / or function. The medical necessity of extracorporeal shock wave therapy to the right hip, left ankle and left foot is not substantiated in the records. Therefore, the requested treatment is not medically necessary.

Referral to a Podiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: This injured worker was denied a request for podiatrist evaluation due to MRI of the left foot (11-5-2014) which stated there was an intermetatarsal bursa versus ganglion cyst, 1st interspace. There are no red flag symptoms or signs, which would be indications for immediate referral. Other modalities of conservative therapy could be trialed prior to referral to a surgeon. The medical records do not support the medical necessity of referral to a podiatrist. Therefore, the requested treatment is not medically necessary.