

Case Number:	CM15-0030532		
Date Assigned:	02/24/2015	Date of Injury:	12/04/2013
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/18/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old female, who sustained an industrial injury on December 4, 2013. The mechanism of injury is unknown. The diagnoses have included right ankle Achilles tendinitis and right heel calcaneal spur. Treatment to date has included the use of a boot, home exercises and medications. On January 9, 2015, the injured worker complained of continued foot pain and swelling. She was noted to have a slow guarded gait. Some of the handwritten notes were illegible. On February 9, 2015, Utilization Review non-certified high and/or low energy extracorporeal shockwave treatment quantity three, noting the CA MTUS and Official Disability Guidelines. On February 18, 2015, the injured worker submitted an application for Independent Medical Review for review of high and/or low energy extracorporeal shockwave treatment quantity three.

IMR ISSUES, DECISIONS AND RATIONALES

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

High and or low energy extracorporeal shock wave treatment QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot, extracorporeal shockwave therapy.

Decision rationale: The official disability guidelines recommend extracorporeal shockwave therapy for plantar fasciitis but not for the injured employee's diagnosis of Achilles tendinitis. Peer-reviewed evidence to-based studies have shown that there is no difference between a group treated with ESWT or placebo. As such, this request for high or low energy extracorporeal shockwave treatment therapy is not medically necessary.