

Case Number:	CM15-0035632		
Date Assigned:	03/04/2015	Date of Injury:	12/13/2013
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 49-year-old female reported a work-related injury on 12/13/2013. According to the progress notes dated 1/2/15, the injured worker (IW) reports intermittent right and left ankle pain radiating to the toes, with numbness and tingling. She states the injections previously given in the bilateral ankles improved the pain slightly. The IW was diagnosed with bilateral tenosynovitis of the ankle and right and left ankle sprain/strain. Previous treatments include medications and ankle injections. The treating provider requests shockwave therapy for the bilateral ankles (ESWT). The Utilization Review on 02/11/2015 non-certified the request for shockwave therapy for the bilateral ankles (ESWT), citing Official Disability Guidelines for Shockwave Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy for the bilateral ankles (ESWT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shockwave Therapy.

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

Decision rationale: Pursuant to the Official Disability Guidelines, shockwave therapy to the bilateral ankles is not medically necessary. The guidelines do not recommend extracorporeal shock wave therapy (ESWT) using high energy ESWT. The guidelines recommend using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia. In this case, the injured worker's working diagnoses are right ankle sprain/strain; right ankle tenosynovitis; left ankle sprain/strain; and left ankle tenosynovitis. Subjectively, the injured worker complains of intermittent mild to moderate a deep throbbing right ankle. Left ankle has similar complaints with numbness and tingling of the toes. Objectively, there is tenderness palpation of the anterior ankle, lateral malleolus and medial malleolus. The left ankle shows tenderness palpation of the anterior ankle and plantar heel. The MRI does not show radiographic evidence of plantar fasciitis. High-energy ESWT is not recommended. The guidelines recommend using low energy ESWT for chronic plantar fasciitis. There is no clinical or radiographic evidence of chronic plantar fasciitis. Consequently, absent clinical documentation with the appropriate diagnosis (chronic plantar fasciitis) and indication ESWT, shockwave therapy to the bilateral ankles is not medically necessary.