MAXIMUS Federal Services

Case Number:	CM15-0048391		
Date Assigned:	03/20/2015	Date of Injury:	11/19/2004
Decision Date:	04/24/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/12/2015

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 Jersey
Certification(s)/Specialty: Family Practice

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 60-year-old male, with a reported date of injury of 11/09/2004. The diagnoses include plantar fasciitis, Achilles tendinitis, plantar calcaneal bursitis, and osteoarthritis. Treatments to date have included an x-ray of the right ankle, orthotics, gel heel pads, a home exercise program, and topical pain medication. Currently, the injured worker complains of worsened right heel pain. The medical report dated 01/14/2015 was handwritten. The injured worker stated that the Voltaren gel helped decrease the pain 50%, and he used it twice a day. He continued to have the most pain with the first step in the morning. The objective findings include decreased sensation to light touch bilaterally, cramping feeling up and down the medial leg, decreased tone in the right plantar heel, decreased turgor in the right planter heel, and tenderness to palpation of the right plantar fascia. The treating physician requested high impact extracorporeal shock wave therapy for the right ankle/foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hi energy extra corporeal shock wave therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Extra corporeal shock wave therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation ODG, Ankle and Foot section, Extracorporeal shock wave therapy.

Decision rationale: The MTUS ACOEM Guidelines state that extracorporeal shock wave therapy (ESWT) has limited high quality evidence for treating plantar fasciitis for the reduction of pain and improvement of function. The ODG states that ESWT is not recommended if using high energy, but is recommended if using low energy ESWT as an option for chronic plantar fasciitis based on more up to date research. Low energy ESWT is also effective and may be recommended for neuropathic ulcers. The ODG lists the criteria for the use of ESWT: 1. At least 6 months of persistent plantar fasciitis with continued foot pain, 2. At least three conservative treatments have been performed prior to the use of ESWT (rest, ice, NSAIDs, orthotics, physical therapy, and corticosteroid injection), 3. Contraindicated in pregnant women, patients younger than 18 years of age, patients with blood clotting disease, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; patients with cardiac pacemakers; patients who had physical or occupational therapy within the past four weeks; patients who received a local steroid injection within the past six weeks; patients with bilateral pain; and patients who had previous surgery for the condition, and 4. Maximum of three therapy sessions over three weeks. Low energy ESWT without local anesthesia recommended. In the case of this worker, who had plantar fasciitis, extracorporeal shockwave therapy was requested after having tried many other treatments. However, the request was for "hi energy" and not low energy, which might have been considered. Therefore, due to the Guidelines' non-recommendation, the request for hi energy extra corporeal shock wave therapy of the right ankle/foot will be considered medically unnecessary.